2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# L01000019030

Entity Name: NEX-GEN PARTNERS, LLC

Current Principal Place of Business:

529 NW PRIMA VISTA BLVD
301- I
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

529 NW PRIMA VISTA BLVD
301- I
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-1154483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MESA, ANA I
529 NW PRIMA VISTA BLVD
301-I
PORT ST LUCIE, FL 33324 US

Name and Address of New Registered Agent:

MESA, ANA I
529 NW PRIMA VISTA BLVD
301-I
PORT ST LUCIE, FL 34983 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANA I MESA 05/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MESA, ANA I
Address: 529 NW PRIMA VISTA BLVD # 301-I
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: PENA, BEATRIZ M
Address: 529 NW PRIMA VISTA BLVD # 301-I
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANA I. MESA MGRM 05/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date