

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020366

Entity Name: FOXBROOK PARTNERS LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

17503 HOWLING WOLF RUN
PARRISH, FL 34219

New Principal Place of Business:

8338 US HWY 301N
PARRISH, FL 34219

Current Mailing Address:

P.O. BOX 223
PARRISH, FL 34219

New Mailing Address:

FEI Number: 65-1159766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, LESLIE
17503 HOWLING WOLF RUN
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

WELLS, LESLIE
8338 US HWY 301N
PARRISH, FL 34219 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: LESLIE B WELLS

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WELLS, LESLIE
Address: 18204 COYOTE CREEK CT
City-St-Zip: PARRISH, FL 34219

Title: MGRM () Delete
Name: CHRISTIE, KATHERINE
Address: 6604 RIVERVIEW BLVD
City-St-Zip: BRADENTON, FL 34209

Title: MGRM () Delete
Name: GIGLIOTTI, JOSEPH
Address: 10504 US 41
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: MERUCCI, LOUIS
Address: 10504 US 41
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WELLS, LESLIE
Address: PO BOX 223
City-St-Zip: PARRISH, FL 34219

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

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

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

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: LESLIE B WELLS

MGR

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date