

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021473

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** ANTARAMIAN/PETTIT SQUARE PARTNERS, LLC

**Current Principal Place of Business:**

3530 KRAFT RD STE 204  
NAPLES, FL 34105

**New Principal Place of Business:**

3530 KRAFT RD, STE 204  
NAPLES, FL 34105

**Current Mailing Address:**

3530 KRAFT RD STE 204  
NAPLES, FL 34105

**New Mailing Address:**

3530 KRAFT RD, STE 204  
NAPLES, FL 34105

**FEI Number:** 59-3760372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANTARAMIAN, JACK J  
3530 KRAFT RD STE 204  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

ANTARAMIAN, JACK J  
3530 KRAFT RD, STE 204  
NAPLES, FL 34105 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:**

02/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ANTARAMIAN, JACK J  
**Address:** 3530 KRAFT RD, STE 204  
**City-St-Zip:** NAPLES, FL 34105

**Title:** MGR  
**Name:** PEZESHKAN, F FRED  
**Address:** 3530 KRAFT RD, STE 204  
**City-St-Zip:** NAPLES, FL 34105

**Title:** MGR  
**Name:** MACIVOR, THOMAS A  
**Address:** 3530 KRAFT RD, STE 204  
**City-St-Zip:** NAPLES, FL 34105

I hereby 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:** THOMAS A. MACIVOR

MGR

02/08/2010

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