

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017415

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** RICHARDSON KLEIBER WALTER THE RICHARDSON GROUP, LLC

**Current Principal Place of Business:**

2055 WOOD STREET  
SUITE 202  
SARASOTA, FL 34237

**New Principal Place of Business:**

1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236 US

**Current Mailing Address:**

2055 WOOD STREET  
SUITE 202  
SARASOTA, FL 34237

**New Mailing Address:**

PO BOX 2879  
SARASOTA, FL 34230 US

**FEI Number:** 01-0738447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAFER, JENNIFER L  
2055 WOOD ST  
STE 202  
SARASOTA, FL 34237 US

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

KLING, RENEE R  
1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236 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: RENEE RICHARDSON KLING

02/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: KLING, RENEE R  
Address: 2055 WOOD ST STE 202  
City-St-Zip: SARASOTA, FL 34237

Title: MGRM ( ) Delete  
Name: FREDERICK, JAMES R  
Address: 2055 WOOD ST SUITE 202  
City-St-Zip: SARASOTA, FL 34237

Title: MGRM ( ) Delete  
Name: SHAFER, JENNIFER L  
Address: 2055 WOOD ST SUITE 202  
City-St-Zip: SARASOTA, FL 34237

Title: MGRM (X) Delete  
Name: SHAFER, DAVID J  
Address: 2055 WOOD ST SUITE 202  
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: KLING, RENEE R  
Address: PO BOX 2879  
City-St-Zip: SARASOTA, FL 34230 US

Title: MGRM (X) Change ( ) Addition  
Name: SHAFER, JENNIFER L  
Address: PO BOX 2879  
City-St-Zip: SARASOTA, FL 34230 US

Title: MGRM (X) Change ( ) Addition  
Name: SHAFER, DAVID J  
Address: PO BOX 2879  
City-St-Zip: SARASOTA, FL 34230 US

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: RENEE RICHARDSON KLING

P

02/25/2009

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