

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000019938

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** PASSIVE INCOME PARTNERS, L.L.C.

**Current Principal Place of Business:**

5715 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

5715 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 22-3862293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAWE, ROBERT W II  
5715 CORPORATE WAY  
WEST PALM BEACH, FL 33407 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAWWE, ROBERT W II  
Address: 5715 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR  
Name: PAGE, TIMOTHY J  
Address: 5681 CORPORATE WAY STE 2  
City-St-Zip: WEST PALM BEACH, FL 33407

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: RONALD E ANTILL

ATTY

04/05/2010

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