

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009616

Entity Name: FIDELITY AFFILIATES, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2510 N. REDHILL AVE.
SANTA ANA, CA 92705

New Mailing Address:

FEI Number: 57-1155860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PTO () Delete
Name: COX, RICHARD L
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPST () Delete
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

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

Title: VPST (X) Change () Addition
Name: GRAVELLE, MICHAEL L
Address: 4050 CALLE REAL
City-St-Zip: SANTA BARBARA, CA 93110

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: MADELINE BAREWALD

AVP

03/20/2009

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