2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L03000016785

Entity Name: MANAGEMENT BY WALLACE, LLC

Current Principal Place of Business:

14025 RIVEREDGE DRIVE
SUITE 600
TAMPA, FL 33637

New Principal Place of Business:

14025 RIVEREDGE DRIVE
SUITE 550
TAMPA, FL 33637

Current Mailing Address:

14025 RIVEREDGE DRIVE
SUITE 600
TAMPA, FL 33637

New Mailing Address:

14025 RIVEREDGE DRIVE
SUITE 550
TAMPA, FL 33637

FEI Number: 20-2641483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREENBERG, JEFFREY P
14025 RIVEREDGE DRIVE
SUITE 600
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

GREENBERG, JEFFREY P
14025 RIVEREDGE DRIVE
SUITE 550
TAMPA, FL 33637 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: JEFFREY P. GREENBERG 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WRIGHT, GARY
Address: 14025 RIVEREDGE DRIVE, SUITE 600
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WRIGHT, GARY
Address: 14025 RIVEREDGE DRIVE, SUITE 550
City-St-Zip: TAMPA, FL 33637

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: GARY W. WRIGHT MGR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date