

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018778

**FILED**  
**Mar 24, 2008**  
**Secretary of State**

**Entity Name:** ACONCAGUA PARTNERS, LLC

**Current Principal Place of Business:**

7790 VETERANS PARKWAY  
SUITE A  
COLUMBUS, GA 31909

**New Principal Place of Business:**

7790 VETERANS PARKWAY  
SUITE B-1  
COLUMBUS, GA 31909

**Current Mailing Address:**

7790 VETERANS PARKWAY  
SUITE A  
COLUMBUS, GA 31909

**New Mailing Address:**

7790 VETERANS PARKWAY  
SUITE B-1  
COLUMBUS, GA 31909

**FEI Number:** 71-0950412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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:** MGRM ( ) Delete  
**Name:** ALLEN, RANDOLPH M MGRM  
**Address:** 7790 VETERANS PARKWAY, SUITE A  
**City-St-Zip:** COLUMBUS, GA 31909

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** ALLEN, RANDOLPH M MGRM  
**Address:** 7790 VETERANS PARKWAY, SUITE B-1  
**City-St-Zip:** COLUMBUS, GA 31909

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:** RANDOLPH M. ALLEN

MGRM

03/24/2008

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