

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019275

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: INVESTORS RESOURCE CENTER, LLC

## Current Principal Place of Business:

3165 MCCRORY PL  
#185  
ORLANDO, FL 32803

## New Principal Place of Business:

1081 N. LK. SYBELIA DR.  
MAITLAND, FL 32751

## Current Mailing Address:

PO BOX 149232  
ORLANDO, FL 32814

## New Mailing Address:

PO BOX 941658  
MAITLAND, FL 32794

FEI Number: 13-4252903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, W DUANE  
3165 MCCRORY PL  
#185  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

BURT II, RALPH A MGRM  
1081 N. LK. SYBELIA DR.  
MAITLAND, FL 32751 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: RALPH A. BURT II

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TOLBERT, ANDREA  
Address: 671 PROGRESS WAY  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: WILLIAMS, DUANE  
Address: 403 BARCLAY AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Delete  
Name: BROWN, KELLY  
Address: 337 MISTY OAKS RUN  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Delete  
Name: BURT, RALPH A II  
Address: 1081 N. LAKE SYBELIA DR  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TOLBERT, ANDREA MGRM  
Address: P.O. BOX 952674  
City-St-Zip: LK MARY, FL 32795

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, DUANE MGRM  
Address: 403 BARCLAY AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM (X) Change ( ) Addition  
Name: BURT II, RALPH A MGRM  
Address: P.O. BOX 941648  
City-St-Zip: MAITLAND, FL 32794

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: RALPH A. BURT II

MGRM

04/27/2009

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