

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024198

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** D'ALESSANDRO PARTNERS, LLC

**Current Principal Place of Business:**

7051 CYPRESS TERRACE  
110  
FORT MYERS, FL 33907

**New Principal Place of Business:**

12995 S. CLEVELAND AVE  
219  
FORT MYERS, FL 33907

**Current Mailing Address:**

POST OFFICE BOX 60151  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 54-0174401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODYARD, THOMAS E  
7051 CYPRESS TERRACE  
110  
FORT MYERS, FL 33907 US

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

WOODYARD, THOMAS E  
12995 S. CLEVELAND AVE  
219  
FORT MYERS, FL 33907 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:** THOMAS WOODYARD

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WOODYARD, THOMAS E  
**Address:** 7051 CYPRESS TERRACE, #110  
**City-St-Zip:** FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WOODYARD, THOMAS E  
**Address:** 12995 S. CLEVELAND AVE, STE 219  
**City-St-Zip:** FORT MYERS, FL 33907

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:** THOMAS WOODYARD

MGR

03/26/2009

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