## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000027529

Entity Name: LEGAL PADS, LLC

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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P.O. BOX 90 700 CENTRAL AVE

ST. PETERSBURG, FL 33731 500

ST. PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

P.O. BOX 90 700 CENTRAL AVE

ST. PETERSBURG, FL 33731 500

ST. PETERSBURG, FL 33701

FEI Number: 20-0120353 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODIS, JEFFREY 5140 SANDPIPER LANE S

ST. PETERSBURG, FL 33711 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:

Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GOODIS, JEFFREY Name: Name: 5140 SANDPIPER LANE S Address: Address: City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition THOMPSON, JIM JR. Name: Name: Address: 555 17TH AVE NE Address: City-St-Zip: ST. PETERSBURG, FL 33704 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition THOMPSON, JIM Name: Name: Address: 700 CENTRAL AVENUE Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: MGRM Title: () Change () Addition ( ) Delete Name: GROSECLOSE, LYNN Name: Address: 1201 6TH AVENUE W, #326 Address: City-St-Zip: BRADENTON, FL 34206 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition RICHARDSON, JOHN Name: Name: 700 CENTRAL AVENUE #500 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MILLER, CHANDRA Name: Name: Address: 700 CENTRAL AVENUE ST. Address: ST. PETERSBURG, FL 33701 City-St-Zip: 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: JAMES B THOMPSON JR MGRM 01/16/2009