

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030157

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA REFERRAL NETWORK, L.L.C.

**Current Principal Place of Business:**

215 CELEBRATION PLACE,  
500  
CELEBRATION, FL 34747

**New Principal Place of Business:**

1420 CELEBRATION AVE  
200  
CELEBRATION, FL 34747

**Current Mailing Address:**

215 CELEBRATION PLACE,  
500  
CELEBRATION, FL 34747

**New Mailing Address:**

1420 CELEBRATION AVE  
200  
CELEBRATION, FL 34747

**FEI Number:** 20-2264227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUONCERVELLO, SONNY  
215 CELEBRATION PLACE  
500  
CELEBRATION, FL 34747 US

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

BUONCERVELLO, SONNY  
1420 CELEBRATION AVE  
200  
CELEBRATION, FL 34747 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUONCERVELLO, SONNY  
Address: PO BOX 470127  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

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: BUONCERVELLO, SONNY

MGRM

04/30/2009

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