

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051656

FILED  
Aug 07, 2009  
Secretary of State

Entity Name: CHRISTIAN FENEX AND ASSOCIATES, LLC

**Current Principal Place of Business:**

215 S FEDERAL HWY, STE 100  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2533  
PALM CITY, FL 34991

**New Mailing Address:**

FEI Number: 20-0477251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRECHBILL, MARK  
215 S FEDERAL HWY, STE 100  
STUART, FL 34994 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: MGR ( ) Delete  
Name: FENEX, CHRISTIAN  
Address: P.O. BOX 2533  
City-St-Zip: PALM CITY, FL 34991

Title: MGR ( ) Delete  
Name: GREGORY, NANCY  
Address: P.O. BOX 2533  
City-St-Zip: PALM CITY, FL 34991

Title: MGRM ( ) Delete  
Name: FRANKLIN KEITH HILL  
Address: 751 3RD COURT SW  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTIAN FENEX

MGR

08/07/2009

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