2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L04000045002

Entity Name: WARIOTO PARTNERS, LLC

Current Principal Place of Business:

115 W. GLENWOOD DRIVE
CLARKSVILLE, TN 37040 US

New Principal Place of Business:

Current Mailing Address:

115 W. GLENWOOD DRIVE
CLARKSVILLE, TN 37040 US

New Mailing Address:

FEI Number: 20-1265998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEYD, JOSEPH M JR
1221 AIRPORT ROAD
SUITE 209
DESTIN, FL 32541 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:	MGRM	( ) Delete
Name:	THOMAS, KENT	
Address:	POST OFFICE BOX 5	
City-St-Zip:	DESTIN, FL 32540 US	
Title:	MGRM	( ) Delete
Name:	ISRAEL, GEORGE C JR	
Address:	2730 19TH STREET SOUTH	
City-St-Zip:	HOMEWOOD, AL 35209 US	
Title:	MGRM	( ) Delete
Name:	MABRY, WILLIAM L	
Address:	115 W. GLENWOOD DRIVE	
City-St-Zip:	CLARKSVILLE, TN 37040 US	
Title:	MGRM	( ) Delete
Name:	HALLIBURTON, JOHN T	
Address:	480 SEVEN SPRINGS ROAD	
City-St-Zip:	CLARKSVILLE, TN 37043	
Title:	MGRM	( ) Delete
Name:	BEACH, WILLIAM G	
Address:	2855 WIMBLEDON COURT	
City-St-Zip:	CLARKSVILLE, TN 37043	
Title:	MGRM	( ) Delete
Name:	BRADLEY, EARL O III	
Address:	118 E. GLENWOOD DRIVE	
City-St-Zip:	CLARKSVILLE, TN 37040	

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:	
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: WILLIAM LAWSON MABRY MGR 01/14/2009

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