

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092166

FILED
Jan 30, 2009
Secretary of State

Entity Name: STEINEMANN ENTERPRISES, LLC

Current Principal Place of Business:

13901 SUTTON PARK DRIVE S
SUITE 160
JACKSONVILLE, FL 32224

New Principal Place of Business:

13901 SUTTON PARK DRIVE S
SUITE 167
JACKSONVILLE, FL 32224

Current Mailing Address:

13901 SUTTON PARK DRIVE S
SUITE 160
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-2103668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONEBURNER, BERRY & SIMMONS, P.A.
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SIMMONS, SIDNEY S III
1050 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 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: SIDNEY S. SIMMONS, III

01/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CILLS, MICHAEL B
Address: 13901 SUTTON PARK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: STEINEMANN, FRANK C JR.
Address: 13901 SUTTON PARK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

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: MICHAEL B. CILLS

MGR

01/30/2009

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