

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000255

Entity Name: ORMOND PARTNERS LLC

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

300 S CENTRAL AVE
SUITE 105
FLAGLER BEACH, FL 32136 US

New Principal Place of Business:

Current Mailing Address:

55 OLD POWERS PLACE
ATLANTA, GA 303274212 US

New Mailing Address:

FEI Number: 20-2107497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, JOHN W
300 S CENTRAL AVENUE
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

HORAN, JOHN W
300 S CENTRAL AVENUE
SUITE 105
FLAGLER BEACH, FL 32136 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:

02/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRAREN, MICHAEL
Address: 500 S SEA LAKE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 320824752 US

Title: MGRM () Delete
Name: HORAN, JOHN W
Address: PO BOX 2103
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: MGRM () Delete
Name: KENNELLY, ROBERT C
Address: 55 OLD POWERS PLACE
City-St-Zip: ATLANTA, GA 303274212 US

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: ROBERT KENENLLY

MEM

02/11/2009

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