2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L05000021443

Entity Name: I.M. PARTNERS, LLC

Current Principal Place of Business:

2300 NORTH SCENIC HIGHWAY
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

PO BOX 832
LAKE WALES, FL 338590832

New Mailing Address:

FEI Number: 20-2426253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAFOOL, RAYMOND J
1519 THIRD STREET S.E.
WINTER HAVEN, FL 33880 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:	YOUNG, RICHARD N	
Address:	2300 NORTH SCENIC HIGHWAY	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	MGRM	( ) Delete
Name:	WIGHT, JOHN W	
Address:	2300 NORTH SCENIC HIGHWAY	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	MGRM	( ) Delete
Name:	COLLINS, PAUL J	
Address:	2300 NORTH SCENIC HIGHWAY	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	MGRM	( ) Delete
Name:	FOLEY, CHARLES T	
Address:	2300 NORTH SCENIC HIGHWAY	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	MGRM	( ) Delete
Name:	BIRCH, ROBERT S	
Address:	2300 NORTH SCENIC HIGHWAY	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	MGRM	( ) Delete
Name:	LOWENSTEIN, HUGH P	
Address:	2300 NORTH SCENIC HIGHWAY	
City-St-Zip:	LAKE WALES, FL 33898	

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: RICHARD N YOUNG JR MGR 01/13/2009

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