

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022737

Entity Name: ALFE PARTNERSHIP, LLC

FILED  
Aug 29, 2009  
Secretary of State

## Current Principal Place of Business:

1600 N.W. 33RD STREET,  
SUITE # 78  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

POB 11082  
FORT LAUDERDALE, FL 33339

## New Mailing Address:

1600 N.W. 33RD STREET  
SUITE # 78  
POMPANO BEACH, FL 33064

FEI Number: 16-1715659      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PSYCHWORKS, INC.  
1515 UNIVERSITY DRIVE  
SUITE 106A  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

PSYCHWORKS, INC.  
10191 W. SAMPLE ROAD  
SUITE 207  
CORAL SPRINGS, FL 33065 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: SUZANNE R. ALLYN

08/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FELDMAN, DAVID  
Address: POB 11082  
City-St-Zip: FORT LAUDERDALE, FL 33339

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FELDMAN, DAVID  
Address: 1600 N.W. 33RD STREET, #78  
City-St-Zip: POMPANO BEACH, FL 33064

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: DAVID S FELDMAN

MGR

08/29/2009

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