2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L05000044299

Entity Name: TORRENS, L.L.C.

Current Principal Place of Business:

11246 PHOENIX WAY
NAPLES, FL 34119

New Principal Place of Business:

1890 SW HEALTH PARKWAY
SUITE 302
NAPLES, FL 34119

Current Mailing Address:

11246 PHOENIX WAY
NAPLES, FL 34119

New Mailing Address:

1890 SW HEALTH PARKWAY
SUITE 302
NAPLES, FL 34119

FEI Number: 57-1220276 **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:

RANDOLPH, MICHAEL D ESQ.
1619 JACKSON STREET
FORT MYERS, FL 33901 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: TORRENS, WALFRED
Address: 11246 PHOENIX WAY
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete
Name: TORRENS, NAILA
Address: 11246 PHOENIX WAY
City-St-Zip: NAPLES, FL 34119

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: WALFRED TORRENS MGRM 06/25/2009

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