

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064229

FILED
Feb 04, 2009
Secretary of State

Entity Name: MARSHALL, PREUSCH, BURR & ASSOCIATES, LLC

Current Principal Place of Business:

3799 WELLINGTON PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

3799 WELLINGTON PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 20-3068073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, GENE E
3799 WELLINGTON PARKWAY
PALM HARBOR, FL 34685 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: MARSHALL, GENE E
Address: 3799 WELLINGTON PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM () Delete
Name: BURR, LAWRENCE
Address: 4831 JUNIPER DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM () Delete
Name: WILLIAM PREUSCH, BARRY
Address: 5015 WESLEY DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PREUSCH, BARRY W
Address: 5015 WESLEY DRIVE
City-St-Zip: TAMPA, FL 33647

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: BARRY W PREUSCH

MGRM

02/04/2009

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