

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076811

FILED
Jun 08, 2009
Secretary of State

Entity Name: RXPART #1 LLC

Current Principal Place of Business:

7272 WURZBACH RD
STE 901
SAN ANTONIO, TX 78240

New Principal Place of Business:

Current Mailing Address:

7272 WURZBACH RD
STE 901
SAN ANTONIO, TX 78240

New Mailing Address:

FEI Number: 20-3383738 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:

Name and Address of New Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR
STE A
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RXPART, INC.
Address: 4239 SUNBEAM RD., SUITE 1
City-St-Zip: JACKSONVILLE, FL 32257

Title: CEO (X) Delete
Name: ROBERTSON, ANDREW A
Address: 4239 SUNBEAM RD. SUITE 1
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RXPART, INC.
Address: 7272 WURZBACH ROAD SUITE 902
City-St-Zip: SAN ANTONIO, TX 78240 US

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: RUBEN FLORES JR.

ASMG

06/08/2009

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