

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084394

**FILED**  
**Mar 09, 2009**  
**Secretary of State**

**Entity Name:** CONSORTIUM OF INVESTORS, LLC

**Current Principal Place of Business:**

1501 S SALEXANDER ST STE 101  
PLANT CITY, FL 33563

**New Principal Place of Business:**

507 W MARTIN LUTHER KING JR BLVD  
PLANT CITY, FL 33563

**Current Mailing Address:**

POB 3566  
PLANT CITY, FL 33563

**New Mailing Address:**

P O BOX X  
PLANT CITY, FL 33564

**FEI Number:** 16-1736323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGRATH, LOUIS W  
1501 S ALEXANDER ST  
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

MCGRATH, LOUIS W  
507 W MARTIN LUTHER KING JR BLVD  
PLANT CITY, FL 33563 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:

03/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGRATH, LOUIS W  
Address: 1501 S ALEXANDER ST STE 101  
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCGRATH, LOUIS W  
Address: 507 W MARTIN LUTHER KING JR BLVD  
City-St-Zip: PLANT CITY, FL 33563

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: LOUIS W MCGRATH

MGR

03/09/2009

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