

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092075

Entity Name: FRIENDS, LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

3296 TWILIGHT LANE, UNIT 6203  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

784 GRACE DRIVE  
FLORENCE, KY 41042

**New Mailing Address:**

FEI Number: 32-0156463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLACK, KEVIN  
16064 PARQUE LANE  
NAPLES, FL 34110 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: WALTON, CHARLES R  
Address: 3296 TWILIGHT LANE, UNIT 6203  
City-St-Zip: NAPLES, FL 34109

Title: MGRM ( ) Delete  
Name: WALTON, LAURIE  
Address: 3296 TWILIGHT LANE, UNIT 6203  
City-St-Zip: NAPLES, FL 34109

Title: MGRM ( ) Delete  
Name: WALTON, JOSHUA  
Address: 784 GRACE DRIVE  
City-St-Zip: FLORENCE, KY 41042

**ADDITIONS/CHANGES:**

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

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: CHARLES R. WALTON

MGRM

04/13/2009

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