2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100502

Entity Name: MELINDA MAGUIRE & ASSOCIATES, LLC

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

160 W EVERGREEN AVE SUITE 271 160 W EVERGREEN AVE LONGWOOD, FL 32750

SUITE 271

LONGWOOD, FL 32750 US

Current Mailing Address: New Mailing Address:

160 W EVERGREEN AVE SUITE 271 160 W EVERGREEN AVE

SUITE 271 LONGWOOD, FL 32750

LONGWOOD, FL 32750 US

MAGUIRE, MELINDA A

FEI Number: 11-3773585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAGUIRE, MELINDA A 160 W EVERGREEN AVE SUITE 271

160 W EVERGREEN AVE LONGWOOD, FL 32750 SUITE 271

LONGWOOD, FL 32750 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: 02/11/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: () Change () Addition

MAGUIRE, MELINDA A Name: Name: Address: 160 W EVERGREEN AVE., SUITE 271 Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: ATKINS, TIM H Name: Address: 160 W EVERGREEN AVE., SUITE 271 Address: City-St-Zip: LONGWOOD, FL 32750 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: MELINDA A. MAGUIRE **MGRM** 02/11/2009