

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103122

FILED
Feb 06, 2009
Secretary of State

Entity Name: FOCUS MANAGEMENT ASSOCIATES, LLC

Current Principal Place of Business:

550 NORTH REO ST
SUITE 300
TAMPA, FL 33609

New Principal Place of Business:

200 S HOOVER BLVD
SUITE 160
TAMPA, FL 33629

Current Mailing Address:

550 NORTH REO ST
SUITE 300
TAMPA, FL 33609

New Mailing Address:

200 S HOOVER BLVD
SUITE 160
TAMPA, FL 33629

FEI Number: 20-3654549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTENBERG, LILIYA
550 NORTH RED ST
SUITE 300
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

ROTENBERG, LILIYA
200 S HOOVER BLVD
SUITE 160
TAMPA, FL 33609 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:

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ROTENBERG, LILIYA
Address: 550 N REO STREET, SUITE 3
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ROTENBERG, LILIYA
Address: 200 S HOOVER BLVD, SUITE 160
City-St-Zip: TAMPA, FL 33609

Title: P () Change (X) Addition
Name: KRIVORUK, NATALIE
Address: 200 S HOOVER BLVD, SUITE 160
City-St-Zip: TAMPA, FL 33609

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: NATALIE KRIVORUK

P

02/06/2009

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