

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000024565

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** ESSEX CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

5050 W. HIGHWAY 326  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2844  
OCALA, FL 34478

**New Mailing Address:**

5050 W. HIGHWAY 326  
OCALA, FL 34482

**FEI Number:** 20-4446014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, ALLEN C PH.D.  
5050 W. HIGHWAY 326  
OCALA, FL 34482 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  
Name: JONES, ALLEN C PH.D.  
Address: 5050 W. HIGHWAY 326  
City-St-Zip: Ocala, FL 34482

Title: MGR  
Name: JONES, ELIZABETH A  
Address: 5050 W. HIGHWAY 326  
City-St-Zip: Ocala, FL 34482

I hereby 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: DR. ALLEN C. JONES

MGRM

04/22/2010

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