

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029243

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: 601 EAST OAK STREET PARTNERS, L.L.C.

## Current Principal Place of Business:

77 WEST UNDERWOOD STREET  
5TH FLOOR  
ORLANDO, FL 32806 US

## New Principal Place of Business:

601 EAST OAK STREET  
SUITE A  
KISSIMMEE, FL 34744 US

## Current Mailing Address:

77 WEST UNDERWOOD STREET  
5TH FLOOR  
ORLANDO, FL 32806 US

## New Mailing Address:

601 EAST OAK STREET  
SUITE A  
KISSIMMEE, FL 34744 US

FEI Number: 20-4522681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

BOLTON, BRIAN B  
1947 LEE ROAD  
WINTER PARK, FL 32789 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: BRIAN B. BOLTON

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MALUSO, COLLEEN  
Address: 77 WEST UNDERWOOD STREET, 5TH FLOOR  
City-St-Zip: ORLANDO, FL 32806 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MALUSO, COLLEEN  
Address: 601 EAST OAK STREET, SUITE A  
City-St-Zip: KISSIMMEE, FL 34744 US

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: COLLEEN MALUSO

MGR

04/29/2009

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