2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L06000047340

Entity Name: AMFM PARTNERSHIP, LLC

Current Principal Place of Business:

7043 DUCK COVE ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

7043 DUCK COVE ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 20-4838423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRISON, MARSHA
7043 DUCK COVE ROAD
TALLAHASSEE, FL 32312 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: MORRISON, MARSHA
Address: 7043 DUCK COVE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM ( ) Delete
Name: ENGLISH, ANITA
Address: 45 TEAKWOOD DRIVE
City-St-Zip: PENSACOLA, FL 32506 US

Title: MGRM ( ) Delete
Name: ENGLISH, MICHAEL
Address: 292 HOGANS VALLEY WAY
City-St-Zip: CARY, NC 27513 US

Title: MGRM ( ) Delete
Name: WRIGHT, FRANCES
Address: 3018 CREOLE WAY
City-St-Zip: PENSACOLA, FL 32526 US

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:

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: MARSHA MORRISON MGR 06/15/2009

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