

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056778

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: NET WORTH BUILDERS LLC

## Current Principal Place of Business:

P.O. BOX 8076  
FLEMING ISLAND, FL 32006

## New Principal Place of Business:

2458 ALOHA LANE  
MIDDLEBURG, FL 32068 US

## Current Mailing Address:

P.O. BOX 8076  
FLEMING ISLAND, FL 32006

## New Mailing Address:

2458 ALOHA LANE  
MIDDLEBURG, FL 32068 US

FEI Number: 20-4973320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUVAL, STEPHEN J  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043 US

## Name and Address of New Registered Agent:

VICKI MIDDLEKAUFF CMA, PA  
767 BLANDING BLVD.  
STE. 110A  
ORANGE PARK, FL 32065 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: VICKI MIDDLEKAUFF

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BURCHAM, ZACHARY M  
Address: P.O. BOX 8076  
City-St-Zip: FLEMING ISLAND, FL 32006

Title: MGRM ( ) Delete  
Name: BURCHAM, ROBIN  
Address: P.O. BOX 8076  
City-St-Zip: FLEMING ISLAND, FL 32006

## ADDITIONS/CHANGES:

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: ROBIN BURCHAM

MGRM

04/28/2009

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