

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061890

FILED
Apr 08, 2009
Secretary of State

Entity Name: OFFICE PARTNERS AT TRADITIONS, LLC

Current Principal Place of Business:

2442 METROCENTRE BOULEVARD
WEST PALM BEACH, FL 334073105

New Principal Place of Business:

Current Mailing Address:

2442 METROCENTRE BOULEVARD
WEST PALM BEACH, FL 334073105

New Mailing Address:

FEI Number: 20-5116937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JOHN II
1645 PALM BEACH LAKES BOULEVARD SUITE 1200
WEST PALM BEACH, FL 33401 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: MCINTOSH, ROBERT A
Address: 2442 METROCENTRE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 334073105

Title: MGRM () Delete
Name: COWIE, PETER V
Address: 2442 METROCENTRE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 334073105

Title: MGRM () Delete
Name: GIBSON, THOMAS R
Address: 2442 METROCENTRE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 334073105

Title: MGRM () Delete
Name: BRAY, NATHANIEL J
Address: 2442 METROCENTRE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 334073105

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: THOMAS R. GIBSON

MGRM

04/08/2009

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