

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087341

Entity Name: AU PARTNERS, LLC

FILED  
Apr 10, 2009  
Secretary of State

**Current Principal Place of Business:**

4495 ROOSEVELT BLVD., SUITE 404  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

4555 SAN JUAN AV  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4495 ROOSEVELT BLVD., SUITE 404  
JACKSONVILLE, FL 32210

**New Mailing Address:**

4555 SAN JUAN AV  
JACKSONVILLE, FL 32210

FEI Number: 20-5512532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRISON, CHARLES R  
1413 TROVILLON AVE.  
WINTER PARK, FL 32789 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: ANDERSON, EDWIN C PRES  
Address: 4495 ROOSEVELT BLVD STE 404  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete  
Name: YOUNG, TIMOTHY W TREAS  
Address: 8270 HUNTERS GROVE RD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, EDWIN C PRES  
Address: 4555 SAN JUAN AV  
City-St-Zip: JACKSONVILLE, FL 32210

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: EDWIN C ANDERSON

PRES

04/10/2009

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