

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095506

Entity Name: ALBANY PARTNERS, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407

Current Mailing Address:

5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

New Mailing Address:

5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407

FEI Number: 41-2215566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEEDLE, ROBERT
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

NEEDLE, ROBERT
5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407 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: ROBERT NEEDLE

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEEDLE, ROBERT
Address: 5201 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: NEEDLE, DAVID
Address: 5201 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEEDLE, ROBERT
Address: 5201 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

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: ROBERT NEEDLE

MGRM

03/23/2009

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