

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102147

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: ALLOGRAFT INNOVATIONS, LLC

**Current Principal Place of Business:**

3542 NW 97TH BOULEVARD  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3542 NW 97TH BOULEVARD  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

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

ELLIOTT, GENE S  
3542 NW 97TH BLVD  
GAINESVILLE, FL 32653      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:                      MGR                      (X) Delete  
Name:                      HAM, SHANE A  
Address:                      5984 ANZIO WAY  
City-St-Zip:                      YORBA LINDA, CA 92887 US

Title:                      MGR                      (X) Delete  
Name:                      PAOLUCCI, ROCCO R  
Address:                      455 AMBERIDGE TR, NW  
City-St-Zip:                      ATLANTA, GA 30328

Title:                      MGRM                      (X) Delete  
Name:                      GSE ENTERPRISES, LLC,  
Address:                      5025 NW 76TH LANE  
City-St-Zip:                      GAINESVILLE, FL 32653

Title:                      MGRM                      ( ) Delete  
Name:                      SOUTHWEST FUNDING PA, RTNERS, LLC  
Address:                      2812 NORTH NORWALK, SUITE 101  
City-St-Zip:                      MESA, AZ 85215

**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: SOUTHWEST FUNDING PARTNERS, LLC                      MGRM                      02/02/2009

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