

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008690

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: MEZZANINE PARTNERS, LLC

## Current Principal Place of Business:

250 PARK AVE. SOUTH SUITE 600  
WINTER PARK, FL 32789

## New Principal Place of Business:

200 E. NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789 US

## Current Mailing Address:

250 PARK AVE. SOUTH SUITE 600  
WINTER PARK, FL 32789

## New Mailing Address:

200 E. NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789 US

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

## Name and Address of Current Registered Agent:

JASMUND, DAVID  
250 PARK AVE. SOUTH SUITE 600  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

JASMUND, DAVID  
200 E. NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789 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: DAVID JASMUND

01/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete  
Name: JASMUND, DAVID J  
Address: 250 PARK AVENUE SOUTH, STE. 600  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition  
Name: JASMUND, DAVID J  
Address: 200 E. NEW ENGLAND AVE., STE. 400  
City-St-Zip: WINTER PARK, FL 32789 US

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: DAVID JASMUND

MGR

01/16/2009

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