

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014229

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** CARNES & RAGIN PARTNERSHIP LLC

**Current Principal Place of Business:**

1330 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

1330 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32601

**New Mailing Address:**

2719 NW 24TH WAY  
GAINESVILLE, FL 32605

**FEI Number:** 20-8379254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARNES, JIMMY  
1330 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32601 US

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

CARNES, JIMMY  
2719 NW 24TH WAY  
GAINESVILLE, FL 32605 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:

02/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARNES, JIMMY  
Address: 2719 NW 24TH WAY  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR ( ) Delete  
Name: RAGIN, FREDDIE  
Address: 2811 NW 154TH STREET  
City-St-Zip: NEWBERRY, FL 32669

**ADDITIONS/CHANGES:**

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: JIMMY CARNES

MBR

02/09/2009

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