

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042822

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** AQUILA WELLINGTON PARTNERS LLC

**Current Principal Place of Business:**

400 BINKS FOREST DRIVE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

400 BINKS FOREST DRIVE  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

400 BINKS FOREST DRIVE  
WELLINGTON, FL 33414

**New Mailing Address:**

400 BINKS FOREST DRIVE  
WELLINGTON, FL 33414 US

**FEI Number:** 20-8891384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** CEO  
**Name:** PAUL, JORDAN  
**Address:** 400 BINKS FOREST DRIVE  
**City-St-Zip:** WELLINGTO, FL 33414 US

**Title:** P  
**Name:** WEBER, THOMAS  
**Address:** 400 BINKS FOREST DRIVE  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** EVP  
**Name:** STRONGIN, TERRY  
**Address:** 400 BINKS FOREST DRIVE  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** VP  
**Name:** TOOMEY, PATRICK  
**Address:** 400 BINKS FOREST DRIVE  
**City-St-Zip:** WELLINGTON, FL 33414 US

I hereby 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:** THOMAS WEBER

P

01/05/2012

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