

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043325

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** SANDERSON PARTNERSHIP, LLC.

**Current Principal Place of Business:**

10401 GREEN LINKS DRIVE  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 167  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:** 80-0131136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARQUARDT, MARK  
625 COURT STREET  
SECOND FLOOR  
CLEARWATER, FL 33756 US

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

SANDERSON, JAMES  
10401 GREEN LINKS DRIVE  
TAMPA, FL 33626 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: JAMES C SANDERSON

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANDERSON FAMILY LIM, ITED PARTNERSH I P  
Address: PO BOX 167  
City-St-Zip: ODESSA, FL 33556 US

**ADDITIONS/CHANGES:**

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: JAMES C SANDERSON

MGRM

01/21/2009

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