

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046999

Entity Name: 12TH AVE. S PARTNERS, LLC

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

416 S. 3RD STREET #1
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

416 S. 3RD STREET #1
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 26-0636238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKINSON, ALA
416 S. 3RD STREET #1
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

DICKINSON, ALAN
416 S. 3RD STREET #1
JACKSONVILLE BEACH, FL 32250 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: ALAN DICKINSON

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DICKINSON, ALAN E
Address: 416 S. 3RD STREET #1
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: KLOTZ, JEFF
Address: 416 S. 3RD STREET #1
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR () Delete
Name: PETERSON, PAUL
Address: 949 12TH AVE. S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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: JEFF KLOTZ

MGRM

03/10/2009

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