2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L07000054742

Entity Name: TODD ASSOCIATES SOUTH LLC

Current Principal Place of Business:

584 NW UNIVERSITY BLVD
STE 707
ST. LUCIE WEST, FL 34986

New Principal Place of Business:

Current Mailing Address:

23825 COMMERCE PARK
SUITE A
BEACHWOOD, OH 44122

New Mailing Address:

FEI Number: 26-0520832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MGRM	( ) Delete
Name:	HYLAND, EDWARD J JR.	
Address:	23825 COMMERCE PARK, SUITE A	
City-St-Zip:	BEACHWOOD, OH 44122	
Title:	MGRM	( ) Delete
Name:	CUMLEY, RANDY	
Address:	23825 COMMERCE PARK, SUITE A	
City-St-Zip:	BEACHWOOD, OH 44122	
Title:	MGRM	( ) Delete
Name:	FITZPATRICK, TIM	
Address:	23825 COMMERCE PARK, SUITE A	
City-St-Zip:	BEACHWOOD, OH 44122	

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: EDWARD HYLAND PRES 02/05/2009

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