

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070358

Entity Name: GANDY PARTNERSHIP, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3825 HENDERSON BLVD.
400 A
TAMPA, FL 33629

Current Mailing Address:

P.O. BOX 130991
TAMPA, FL 33681

New Principal Place of Business:

3825 HENDERSON BLVD.
400
TAMPA, FL 33629

New Mailing Address:

P.O. BOX 18981
TAMPA, FL 33679

FEI Number: 20-1554004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIBER, ADRIAN
3606 S. BELCHER DR.
TAMPA, FL 33629 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: MGR () Delete
Name: GENESIS REALTY & FINANCIAL SERVICES
Address: 1801 CHANDELLE CT.
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM () Delete
Name: PAUL F. HOLUB JR, TRUSTEE OF THE PAUL F. H
Address: P.O. BOX 730086
City-St-Zip: ORMOND BEACH, FL 32173

Title: MGRM () Delete
Name: NUNEZ, JACK
Address: 3620 ROMEO CIR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: ADRIAN SCHREIBER

MGR

04/30/2009

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