

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075735

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA AUCTION PARTNERS, LLC

Current Principal Place of Business:

4134 GULF OF MEXICO DRIVE
THIRD FLOOR, SUITE 301
LONGBOAT KEY, FL 34228

New Principal Place of Business:

1626 RINGLING BLVD
SUITE 500
SARASOTA, FL 34236

Current Mailing Address:

4134 GULF OF MEXICO DRIVE
THIRD FLOOR, SUITE 301
LONGBOAT KEY, FL 34228

New Mailing Address:

1626 RINGLING BLVD
SUITE 500
SARASOTA, FL 34236

FEI Number: 26-0604772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBERG, DAVID H ESQ.
8130 LAKEWOOD MAIN STREET
SECOND FLOOR, SUITE 208
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

ROSENBERG, DAVID H ESQ.
1626 RINGLING BLVD
SUITE 500
SARASOTA, FL 34236 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVID H. ROSENBERG, P.L.
Address: 8130 LAKEWOOD MAIN ST - 2ND FLOOR, STE 208
City-St-Zip: LAKEWOOD RANCH, FL 34202

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVID H. ROSENBERG, P.L.
Address: 1626 RINGLING BLVD SUITE 500
City-St-Zip: SARASOTA, FL 34236

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: DAVID ROSENBERG

MGR

04/29/2009

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