

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088205

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: SUBENAN, L.L.C.

**Current Principal Place of Business:**

32 SOUTH TERRACE  
BEVERLY, MA 01915

**New Principal Place of Business:**

**Current Mailing Address:**

32 SOUTH TERRACE  
BEVERLY, MA 01915

**New Mailing Address:**

FEI Number: 26-0811231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGINNESS, W. LEE  
1800 SECOND STREET, SUITE 971  
SARASOTA, FL 34236 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: PETERSON, CHARLES L MR.  
Address: 32 SOUTHTERRACE  
City-St-Zip: BEVERLY, MA 01915 US

Title: MGRM ( ) Delete  
Name: FULLER, ELIZABETH J MS  
Address: 32 SOUTH TERRACE  
City-St-Zip: BEVERLY, MA 01915 US

Title: MGRM (X) Delete  
Name: PALMER, FRED MR  
Address: 2511 GLENRIDGE RD  
City-St-Zip: SPRING HILL, FL 34609 US

Title: MGRM (X) Delete  
Name: PALMER, NANCY F MRS  
Address: 2511 GLENRIDGE RD  
City-St-Zip: SPRING HILL, FL 34609 US

Title: MGRM ( ) Delete  
Name: FULLER, SUSAN E MS  
Address: 11 THISTLE LANE  
City-St-Zip: FALMOUTH, ME 04105 US

Title: MGRM ( ) Delete  
Name: LINSKOTT, WAYLAND F MR  
Address: 11 THISTLE LANE  
City-St-Zip: FALMOUTH, ME 04105 US

**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:

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: WAYLAND F. LINSKOTT

MGRM

03/14/2009

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