2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096378

Entity Name: BUSINESS PARTNER OF LUTZ LLC

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14729 DAYBREAK DR LUTZ, FL 33559

Current Mailing Address: New Mailing Address:

14729 DAYBREAK DR LUTZ, FL 33559

FEI Number: 36-4615941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAPLES, CARL A
14729 DAYBREAK DR
TAMPA, FL 33559 US

CAPLES, CARL A
10202 CONNECHUSETT ROAD
TAMPA, FL 33617 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: 02/17/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGEM () Delete Title: () Change () Addition

 Name:
 BYRON, PATRICIA
 Name:

 Address:
 14729 DAYBREAK DR
 Address:

 City-St-Zip:
 LUTZ, FL 33559
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CAPLES, CARL A
 Name:

 Address:
 10202 CONNECHUSETT RD
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 EBANKS, ERICA
 Name:

 Address:
 4712 E. POINSETTIA AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 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: PATRICIA M BYRON MGEM 02/17/2009