

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000096378

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** BUSINESS PARTNER OF LUTZ LLC

**Current Principal Place of Business:**

14729 DAYBREAK DR  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

14729 DAYBREAK DR  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 36-4615941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPLES, CARL A  
10202 CONNECHUSETT ROAD  
TAMPA, FL 33617 US

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

BYRON, PATRICIA M  
14729 DAY BREAK DRIVE  
LUTZ, FL 33559 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: PATRICIA M BYRON

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGEM  
Name: BYRON, PATRICIA  
Address: 14729 DAYBREAK DR  
City-St-Zip: LUTZ, FL 33559

Title: MGRM  
Name: CAPLES, CARL A  
Address: 10202 CONNECHUSETT RD  
City-St-Zip: TAMPA, FL 33617

I hereby 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

02/22/2010

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