

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101315

FILED
Feb 18, 2009
Secretary of State

Entity Name: WALSTIB PARTNERS, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2101 45TH STREET
SUITE 108
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

2101 45TH STREET
SUITE 108
VERO BEACH, FL 32967

New Mailing Address:

12 TARPON DRIVE
VERO BEACH, FL 32960

FEI Number: 26-1355175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, BRADFORD IV
2101 45TH STREET
SUITE 108
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

NORMAN, BRADFORD
12 TARPON DRIVE
VERO BEACH, FL 32960 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: BRADFORD NORMAN

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORMAN, BRADFORD IV
Address: 2101 45TH STREET
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM () Delete
Name: NORMAN, KIMBERLY
Address: 2101 45TH STREET
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NORMAN, BRADFORD IV
Address: 12 TARPON DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM (X) Change () Addition
Name: NORMAN, KIMBERLY
Address: 12 TARPON DRIVE
City-St-Zip: VERO BEACH, FL 32960

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: KIMBERLY NORMAN

MGRM

02/18/2009

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