2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000107281

Entity Name: PARTNERSHIP MANAGER, L.L.C.

Current Principal Place of Business:

4000 B ST. JOHNS AVE., SUITE 22
JACKSONVILLE, FL 32205

New Principal Place of Business:

4000 B ST. JOHNS AVE.,
SUITE 22
JACKSONVILLE, FL 32205

Current Mailing Address:

4000 B ST. JOHNS AVE., SUITE 22
JACKSONVILLE, FL 32205

New Mailing Address:

4000 B ST. JOHNS AVE.,
SUITE 22
JACKSONVILLE, FL 32205

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORSE, JOHN D
4000 B ST. JOHNS AVE., SUITE 22
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

CORSE, JOHN D
4000 B ST. JOHNS AVE
SUITE 22
JACKSONVILLE, FL 32205 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: JOHN D. CORSE 03/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WALTON, ALONZO D.S.
Address: 1819 CHALLEN AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

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: ALONZO D. S. WALTON MGR 03/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date