

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107924

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: SETTLEMENT PARTNERS, L.L.C.

**Current Principal Place of Business:**

12424 PALM RIDGE DRIVE  
SAN ANTONIO, FL 33576

**New Principal Place of Business:**

**Current Mailing Address:**

12424 PALM RIDGE DRIVE  
SAN ANTONIO, FL 33576

**New Mailing Address:**

FEI Number: 26-1247883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAWFORD, STACIA  
4117 WIMBLEDON DRIVE  
COOPER CITY, FL 33026 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: GAILEY, M. JANE  
Address: 9473 NW 5TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete  
Name: CRAWFORD, STACIA  
Address: 4117 WIMBLEDON DRIVE  
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM ( ) Delete  
Name: MCKENNA, S. LYNN  
Address: 12424 PALM RIDGE DRIVE  
City-St-Zip: SAN ANTONIO, FL 33576

**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:

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: S. LYNN MCKENNA

MGRM

04/11/2009

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