2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119993

Entity Name: KAESTNER & ASSOCIATES, LLC

FILED Jan 06, 2009 Secretary of State

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

3047 FLATE ROCK PLACE 3047 FLAT ROCK PLACE LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639

Current Mailing Address: New Mailing Address:

3047 FLAT ROCK PLACE 3047 FLATE ROCK PLACE LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639

FEI Number: 83-8503130 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:

WOLLINKA, DAVID J 1835 HEALTH CARE DRIVE TRINITY, FL 34655

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:

City-St-Zip:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM () Delete KAESTNER, ROBERT Name: Address: 3047 FLATE ROCK PLACE

City-St-Zip: LAND O'LAKES, FL 34639

Title: MGRM () Delete Name: KAESTNER, PATRICIA Address: 3047 FLATE ROCK PLACE

LAND O'LAKES, FL 34639

Title: (X) Change () Addition

KAESTNER, ROBERT Name: Address: 3047 FLAT ROCK PLACE City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: KAESTNER, PATRICIA Address: 3047 FLAT ROCK PLACE City-St-Zip: LAND O'LAKES, FL 34639

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: ROBERT KAESTNER **MGRM** 01/06/2009