# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# L07000124461

**Entity Name:** TOOTSIE ONE, LLC

**Current Principal Place of Business:**

501 NORTH MAGNOLIA AVENUE
SUITE A
ORLANDO, FL 32801

**New Principal Place of Business:**

700 WEST MORSE BLVD
SUITE 201
WINTER PARK, FL 32789

**Current Mailing Address:**

PO BOX 431
ORLANDO, FL 32802

**New Mailing Address:**

700 WEST MORSE BLVD
SUITE 201
WINTER PARK, FL 32789

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

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

MATTHIAS, ROBERT C
501 NORTH MAGNOLIA AVENUE
SUITE A
ORLANDO, FL 32801 US

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

MATTHIAS & MATTHIAS, PL
700 WEST MORSE BLVD
SUITE 201
WINTER PARK, FL 32789 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: ROBERT C. MATTHIAS 04/27/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: OLSEN, SHARYN L
Address: 3139 EAST 3400TH NORTH
City-St-Zip: TWIN FALLS, ID 83301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: OLSEN, SHARYN L
Address: 3139 EAST 3400 NORTH
City-St-Zip: TWIN FALLS, ID 83301

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: SHARYN L. OLSEN MGMR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date