

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001873

FILED
Sep 02, 2009
Secretary of State

Entity Name: K.C. ALDRICH & PARTNERS, LLC

Current Principal Place of Business:

77 SCHOONER LANE
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

77 SCHOONER LANE
SHALIMAR, FL 32579

New Mailing Address:

9334 WHITTINGHAM DRIVE
ORLANDO, FL 32817

FEI Number: 32-0237343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDRICH, KATHY C
77 SCHOONER LANE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

ALDRICH, KATHY C
9334 WHITTINGHAM DRIVE
ORLANDO, FL 32817 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: _____

09/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALDRICH, KATHY C
Address: 77 SCHOONER LANE
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM () Delete
Name: ALDRICH, ANTHONY J
Address: 77 SCHOONER LANE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALDRICH, KATHY C
Address: 9334 WHITTINGHAM DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: MGRM (X) Change () Addition
Name: ALDRICH, ANTHONY J
Address: 9334 WHITTINGHAM DRIVE
City-St-Zip: ORLANDO, FL 32817

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: KATHY C. ALDRICH

MGRM

09/02/2009

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