

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014007

Entity Name: LATITUDE ASSOCIATES LLC

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

5741 BEE RIDGE RD.
SUITE 550
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

8309 QUAIL GREENS TER
BRADENTON, FL 34212

New Mailing Address:

5741 BEE RIDGE RD.
SUITE 550
SARASOTA, FL 34233

FEI Number: 26-1917477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORO, MICHELLE S
8309 QUAIL GREENS TER
BRADENTON, FL 34212 US

Name and Address of New Registered Agent:

TORO, MICHELLE S
5741 BEE RIDGE RD
SUITE 550
SARASOTA, FL 34233 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: MICHELLE TORO

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TORO, MICHELLE S
Address: 8309 QUAIL GREENS TER
City-St-Zip: BRADENTON, FL 34212

Title: MGR () Delete
Name: TORO, LUIS A
Address: 8309 QUAIL GREENS TER
City-St-Zip: BRADENTON, FL 34212

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TORO, MICHELLE S
Address: 5741 BEE RIDGE RD, SUITE 550
City-St-Zip: SARASOTA, FL 34233

Title: MGR (X) Change () Addition
Name: TORO, LUIS A
Address: 5741 BEE RIDGE RD, SUITE 550
City-St-Zip: SARASOTA, FL 34233

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: MICHELLE S. TORO

MS.

04/26/2009

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