

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016149

FILED
Apr 14, 2009
Secretary of State

Entity Name: CONSILIUM INVESTMENT PARTNERS, LLC

Current Principal Place of Business:

350 EAST LAS OLAS BLVD.
1250
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

350 EAST LAS OLAS BLVD.
1250
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 26-2158062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINEY, JAMES P ESQ.
350 EAST LAS OLAS BLVD.
1250
FORT LAUDERDALE, FL 33301 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: CASSEL, CHARLES T
Address: 350 EAST LAS OLAS BLVD., SUITE 1250
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGRM () Delete
Name: BINDER, JONATHAN
Address: 350 EAST LAS OLAS BLVD., SUITE 1250
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO () Change (X) Addition
Name: GAINEY, JAMES P COO
Address: 350 EAST LAS OLAS BLVD, SUITE 1250
City-St-Zip: FORT LAUDERDALE, FL 33301

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: JAMES P. GAINEY

COO

04/14/2009

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