2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L08000025463

Entity Name: ARTISAN PARTNERS, LLC

Current Principal Place of Business:

52 RILEY ROAD
SUITE 332
CLEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

52 RILEY ROAD
SUITE 332
CLEBRATION, FL 34747

New Mailing Address:

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

Name and Address of Current Registered Agent:

BROWN, WILLIAM D
52 RILEY ROAD
SUITE 332
CLEBRATION, FL 34747 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: MGR ( ) Delete
Name: JASMINE MANAGEMENT, PARTNERS, INC.
Address: 52 RILEY ROAD SUITE 332
City-St-Zip: CELEBRATION, FL 34747 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JASMINE MANAGEMENT, PARTNERS, INC.
Address: 52 RILEY ROAD SUITE 332
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR ( ) Change (X) Addition
Name: BROWN, WILLIAM D
Address: 52 RILEY ROAD, SUITE 332
City-St-Zip: CELEBRATION, FL 34747 US

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: WILLIAM D. BROWN MGR 02/25/2009

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