2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L08000025553

Entity Name: 1463 PARTNERS, LLC

Current Principal Place of Business:

4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 26-2155977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'STEEN, ROGER M
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 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:	DAVIS, JED V	
Address:	4314 PABLO OAKS COURT	
City-St-Zip:	JACKSONVILLE, FL 32224 US	
Title:	MGRM	( ) Delete
Name:	DAVIS, BENJAMIN F	
Address:	4314 PABLO OAKS COURT	
City-St-Zip:	JACKSONVILLE, FL 32224 US	
Title:	MGRM	( ) Delete
Name:	PILINKO, CHRISTOPHER L	
Address:	4314 PABLO OAKS COURT	
City-St-Zip:	JACKSONVILLE, FL 32224 US	
Title:	MGRM	( ) Delete
Name:	O'STEEN, RICHARD H	
Address:	4314 PABLO OAKS COURT	
City-St-Zip:	JACKSONVILLE, FL 32224 US	
Title:	MGRM	( ) Delete
Name:	O'STEEN, ROGER M	
Address:	4314 PABLO OAKS COURT	
City-St-Zip:	JACKSONVILLE, FL 32224 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	( ) Change (X) Addition
Name:	O'STEEN, MATTHEW R	
Address:	4314 PABLO OAKS CT.	
City-St-Zip:	JACKSONVILLE, FL 32224	

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: DAVIS, JED V. MGRM 01/06/2009

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