2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039993

Entity Name: FINANCIAL POSITIONS HOLDING, L.L.C.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5109 DEL PRADO BLVD S 5318 BAYSIDE COURT CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

5109 DEL PRADO BLVD. S CAPE CORAL, FL 33904

FEI Number: 35-2346303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLLINS, VIOLA COLLINS, VIOLA ACCOUNT 5109 DEL PRADO BLVD. S 5109 DEL PRADO BLVD. S CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 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: VIOLA COLLINS 04/22/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition KSM GMBH ENTERAVIDA S.L. Name: Name:

Address: **GLAUBERSTR 42A** Address: PASEO RAFAEL AROZARENA 4

City-St-Zip: KITZINGEN GERMANY, D97318 City-St-Zip: ARMENIME/ADEJE, SP 38678 SP

Title: Title: MGRM () Change (X) Addition () Delete Name: Name: KNOEPFLE, RICHARD

Address: Address: FINCA RURAL 17 City-St-Zip:

City-St-Zip: ARMENIME/ADEJE, TENERIFE, SP 38678 SP

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: RICHARD KNOEPFLE **MGRM** 04/22/2009