

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046247

FILED
Mar 19, 2009
Secretary of State

Entity Name: GARRISON RIVER COMMERCIAL PARTNERS LLC

Current Principal Place of Business:

8620 SOUTH TAMIAMI TRAIL
N-P
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

8620 SOUTH TAMIAMI TRAIL
N-P
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 26-2766451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIANNINI, ALESSANDRO A DDS
8620 SOUTH TAMIAMI TRAIL
N-P
SARASOTA, FL 34238 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: GIANNINI, ALESSANDRO A DDS
Address: 8620 SOUTH TAMIAMI TRAIL SUITE N-P
City-St-Zip: SARASOTA, FL 34238

Title: MGR () Delete
Name: ARMANDO, YANEZ
Address: 8620 SOUTH TAMIAMI TRAIL, SUITE N-P
City-St-Zip: SARASOTA, FL 34238

Title: MGR () Delete
Name: ORTEGA, REY
Address: 8620 SOUTH TAMIAMI TRAIL, SUITE N-P
City-St-Zip: SARASOTA, FL 34238

Title: MGR () Delete
Name: BAUMAN, LAWRENCE
Address: 8620 SOUTH TAMIAMI TRAIL SUITE N-P
City-St-Zip: SARASOTA, FL 34238

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:

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: ALESSANDRO A. GIANNINI DDS

MGRM

03/19/2009

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