

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049625

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Entity Name:** TRAVELERS PARTNERS LLC

**Current Principal Place of Business:**

4767 NW 36TH STREET  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

4767 NW 36TH STREET  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

**FEI Number:** 26-2643959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BSPA CORPORATE SERVICES, INC.  
350 E. LAS OLAS BLVD. SUITE 1000  
FT. 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MARIN, JOSEPH MGR  
Address: 4767 NW 36TH ST  
City-St-Zip: MIAMI SPRINGS, FL 33166 MD

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: JOSEPH MARIN

MGR

04/01/2009

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