

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066226

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: REALVEST EQUITY PARTNERS, LLC

**Current Principal Place of Business:**

2200 LUCIEN WAY, SUITE 350  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2200 LUCIEN WAY, SUITE 350  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 80-0218033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAHONEY, PATRICK J  
2200 LUCIEN WAY, SUITE 350  
MAITLAND, FL 32751 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: PARTYKA, PAUL  
Address: 2200 LUCIEN WAY, SUITE 350  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: O'CONNOR, E. KEVIN  
Address: 2200 LUCIEN WAY, SUITE 350  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: HEIDRICH, MICHAEL F  
Address: 2200 LUCIEN WAY, SUITE 350  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: CHIHOCKI, MATTHEW R  
Address: 2200 LUCIEN WAY, SUITE 350  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: BLACKWELL, ROBERT H  
Address: 2200 LUCIEN WAY, SUITE 350  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: KELLEY, TOM R II  
Address: 2200 LUCIEN WAY, SUITE 350  
City-St-Zip: MAITLAND, FL 32751

**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: ( ) 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: PATRICK MAHONEY

P

04/08/2009

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