

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078403

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: FORTY-SIX / FIFTY-FOUR, LLC

**Current Principal Place of Business:**

3135 NW 48TH PL  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

3135 NW 48TH PL  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 26-3174129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON-SLOAN, LOUVENIA M  
3135 NW 48TH PLACE  
GAINESVILLE, FL 32605 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: ROSE, GASKIN  
Address: 920 NW 35TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGR ( ) Delete  
Name: ROBINSON-SLOAN, LOUVENIA M  
Address: 3135 NW 48TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605 US

**ADDITIONS/CHANGES:**

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: LOUVENIA M ROBINSON-SLOAN

MGR

02/21/2009

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