

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080405

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** GARRISON FUND SERVICES L.L.C.

**Current Principal Place of Business:**

401 E. JACKSON STREET, SUITE 2450  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. JACKSON STREET, SUITE 2450  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 26-3744005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KNIGHT, JONATHAN P  
598 W PALM VALLEY DR  
OVIEDO, FL 32765 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: CRUCIAN TRANSITION I, NC.  
Address: 4250 ALAFAYA TRAIL, STE. 212-404  
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete  
Name: LENDERS CONSULTING G, ROUP INC.  
Address: 401 E. JACKSON STREET, SUITE 2450  
City-St-Zip: TAMPA, FL 33602

**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: JONATHAN P. KNIGHT

MGRM

03/19/2009

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