

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081750

Entity Name: LA PARTNERS, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

3840 ROE ROAD
HAINES CITY, FL 33844

New Principal Place of Business:

900 INGRAHAM AVE
HAINES CITY, FL 33844

Current Mailing Address:

P.O. BOX 2135
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, KERRY M
141 5TH STREET, N.W.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

DONALD, MASON J
3480 ROE ROAD
HAINES CITY, FL 33844 US

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: DONALD J MASON

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DONALD, MASON J
Address: P.O. BOX 2135
City-St-Zip: HAINES CITY, FL 33845

Title: MGR () Change (X) Addition
Name: MICHAEL, MASON J
Address: P.O. BOX 2135
City-St-Zip: HAINES CITY, FL 33845

Title: MGR () Change (X) Addition
Name: MATTHEW, MASON S
Address: P.O. BOX 2135
City-St-Zip: HAINES CITY, FL 33845

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: DONALD J MASON

MGRM

04/07/2009

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