2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100563

Entity Name: PATRICK CONNOR LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1994 MID OCEAN CIR SARASOTA, FL 34239 **Current Mailing Address: New Mailing Address:** 1994 MID OCEAN CIR SARASOTA, FL 34239 FEI Number: 26-3628815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWARTZ, THOMAS CONNOR, PATRICK 6940 74TH STREET CIRCLE E 1994 MID OCEAN CIR US BRADENTON, FL 34203 SARASOTA, FL 34239 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: PATRICK CONNOR SR 05/01/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: MGRM (X) Change () Addition () Delete CONNOR, PATRICK PATRICK CONNOR SR Name: Name: 1994 MID OCEAN CIR Address: 1994 MID OCEAN CIR Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239 Title: Title: MGR () Change (X) Addition () Delete Name: Name: PATRICK CONNOR Address: Address: 1994 MID OCEAN CIR City-St-Zip: City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: MGR () Change (X) Addition PATRICK CONNOR SR Name: Name: 1994 MID OCEAN CIR Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: MGR () Change (X) Addition PATRICK CONNOR SR Name: Name: 1994 MID OCEAN CIR Address: Address: SARASOTA, FL 34239 City-St-Zip: City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition PATRICK CONNOR SR Name: Name: 1994 MID OCEAN CIR Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: () Change (X) Addition PATRICK CONNOR S Name: Name: Address: Address: 1994 MID OCEAN CIR SARASOTA, FL 34239 City-St-Zip: 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 CONNOR MGR 05/01/2009