2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L08000100596

Entity Name: FORTY-NINE PERCENT OPERATING COMPANY, LLC

Current Principal Place of Business:

201 NORTH FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602

New Principal Place of Business:

3334 CAPITAL MEDICAL BOULEVARD
SUITE 600
TALLAHASSEE, FL 32308

Current Mailing Address:

201 NORTH FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602

New Mailing Address:

3334 CAPITAL MEDICAL BOULEVARD
SUITE 600
TALLAHASSEE, FL 32308

FEI Number: 26-3671080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J
201 NORTH FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

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

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SHIPMAN, MARTIN
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGR ( ) Change (X) Addition
Name: GUARINO, MICHAEL
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGR ( ) Change (X) Addition
Name: LOEB, PETER
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGR ( ) Change (X) Addition
Name: POSTMA, DUNCAN
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGR ( ) Change (X) Addition
Name: ROLLE, GARRISON
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32308 US

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: MARTIN SHIPMAN MGR 04/24/2009

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