

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100596

**FILED  
Feb 18, 2010  
Secretary of State**

**Entity Name:** FORTY-NINE PERCENT OPERATING COMPANY, LLC

**Current Principal Place of Business:**

3334 CAPITAL MEDICAL BOULEVARD  
SUITE 600  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

3334 CAPITAL MEDICAL BOULEVARD  
SUITE 600  
TALLAHASSEE, FL 32308

**New Mailing Address:**

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: MGR  
Name: SHIPMAN, MARTIN  
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 600  
City-St-Zip: TALLAHASSEE, FL 32308 US

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

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

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

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

I hereby 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: MICHAEL GUARINO

MGR

02/18/2010

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