2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000109043

Entity Name: PAMOJA PARTNERS, L.L.C.

Current Principal Place of Business:

1650 ART MUSEUM DRIVE
SUITE 11
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1650 ART MUSEUM DRIVE
SUITE 11
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 80-0308357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEMPS, JOHN W SR.
1650 ART MUSEUM DRIVE
SUITE 11
JACKSONVILLE, FL 32207 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	( ) Delete
Name:	DEMPS, JOHN W SR.	
Address:	1650 ART MUSEUM DRIVE, SUITE 11	
City-St-Zip:	JACKSONVILLE, FL 32207 US	
Title:	MGRM	( ) Delete
Name:	NYAGAH, SIMON K	
Address:	12434 SHERMAN CT.	
City-St-Zip:	JACKSONVILLE, FL 32225 US	
Title:	MGRM	( ) Delete
Name:	THUO, WAMBUGU	
Address:	38 6TH STREET	
City-St-Zip:	FORDS, NJ 08863 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOHN W. DEMPS, SR. MGR 04/30/2009

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