

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110342

FILED
Feb 20, 2009
Secretary of State

Entity Name: DISTRIBUTOR PARTNERS LLC

Current Principal Place of Business:

5633 STRAND BLVD.
312
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

5633 STRAND BLVD.
312
NAPLES, FL 34110 US

New Mailing Address:

P O BOX 111150
NAPLES, FL 34108 US

FEI Number: 26-3879554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAINES, THOMAS B
3572 ISLAND WALK CIRCLE
NAPLES, FL 34119 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: MGRM () Delete
Name: HAINES, THOMAS B
Address: 5633 STRAND BLVD., SUITE 312
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES:

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: THOMAS B HAINES

MGR

02/20/2009

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