

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112919

FILED
Mar 09, 2009
Secretary of State

Entity Name: EAVENSON & KAIRALLA, PL

Current Principal Place of Business:

400 OYSTER ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

2000 PGA BOULEVARD
3200
PALM BEACH GARDENS, FL 33408

Current Mailing Address:

400 OYSTER ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

2000 PGA BOULEVARD
3200
PALM BEACH GARDENS, FL 33408

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAVENSON, BRADLEY B
400 OYSTER ROAD
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

EAVENSON, BRADLEY B
2000 PGA BOULEVARD, SUITE 3200
PALM BEACH GARDENS, FL 33408 US

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: BRAD EAVENSON

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: EAVENSON, BRADLEY B
Address: 2000 PGA BOULEVARD, SUITE 3200
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: MGR () Change (X) Addition
Name: KAIRALLA, MARK D
Address: 2000 PGA BOULEVARD, SUITE 3200
City-St-Zip: PALM BEACH GARDENS, FL 33408

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: BRADLEY B. EAVENSON

MGR

03/09/2009

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