

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116412

FILED
Mar 03, 2009
Secretary of State

Entity Name: REVENUE PARTNERS, LLC

Current Principal Place of Business:

2419 E COMMERCIAL BLVD
STE 100
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2419 E COMMERCIAL BLVD
STE 100
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-3983604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENSPOON MARDER, P.A.
100 W CYPRESS CREEK RD
STE 700
FT LAUDERDALE, FL 33309 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: LAMBERT, DANIEL
Address: 2419 E COMMERCIAL BLVD - STE 100
City-St-Zip: FT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: VERRILLO, JAMES
Address: 2419 E COMMERCIAL BLVD - STE 100
City-St-Zip: FT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: CONNOLLY, DAN
Address: 2419 E COMMERCIAL BLVD - STE 100
City-St-Zip: FT LAUDERDALE, FL 33308

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: DANIEL LAMBERT

D

03/03/2009

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