

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007026

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** BEST PRACTICE PARTNERS LLC

**Current Principal Place of Business:**

4006 S. MACDILL AVENUE  
TAMPA, FL 33602

**New Principal Place of Business:**

4006 S. MACDILL AVENUE  
TAMPA, FL 33611 US

**Current Mailing Address:**

C/O THOMAS A. LASH, ESQ.  
201 E. KENNEDY BLVD., SUITE 600  
TAMPA, FL 33602

**New Mailing Address:**

4006 S. MACDILL AVENUE  
TAMPA, FL 33611 US

**FEI Number:** 26-4179957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LASH, THOMAS A ESQ  
201 E. KENNEDY BLVD., SUITE 600  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

LASH, THOMAS A ESQ  
4006 S. MACDILL AVENUE  
TAMPA, FL 33611 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:

04/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FRIEDMAN, DAVID E  
Address: 4006 S. MACDILL AVENUE  
City-St-Zip: TAMPA, FL 33611 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: DAVID E. FRIEDMAN

MGRM

04/26/2010

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