

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001528

FILED
Feb 16, 2009
Secretary of State

Entity Name: CEB, L.C.

Current Principal Place of Business:

11181 ST JOHNS INDUSTRIAL PKWY N
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

11181 ST JOHNS INDUSTRIAL PKWY N
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3561096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELSON, PHILIP E
11181 ST JOHNS INDUSTRIAL PKWY NORTH H
JACKSONVILLE, FL 32246 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: ELSON, PHILIP E
Address: 11181 ST JOHN INDUSTRIAL PKWY N
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: CARRERO, LEON J
Address: 11181 ST JOHN INDUSTRIAL PKWY N
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: BLACKLEDGE, K. DAWN
Address: 11181 ST JOHN INDUSTRIAL PKWY N
City-St-Zip: JACKSONVILLE, FL 32246

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: D. BRIAN SMITH

MR.

02/16/2009

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