

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004810

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF JAMES J. FLICK, L.L.C.

**Current Principal Place of Business:**

3203 SOUTH CONWAY ROAD  
106  
ORLANDO, FL 32812

**New Principal Place of Business:**

3700 SOUTH CONWAY ROAD  
SUITE 100  
ORLANDO, FL 32812

**Current Mailing Address:**

P.O. BOX 592036  
ORLANDO, FL 328592036

**New Mailing Address:**

**FEI Number:** 59-3600343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLICK, JAMES J  
3203 SOUTH CONWAY ROAD  
106  
ORLANDO, FL 32812 US

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

FLICK, JAMES J  
3700 SOUTH CONWAY ROAD  
SUITE 100  
ORLANDO, FL 32812 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:

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLICK, JAMES J  
Address: 3203 SOUTH CONWAY ROAD, SUITE 106  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FLICK, JAMES J  
Address: 3700 SOUTH CONWAY ROAD, SUITE 100  
City-St-Zip: ORLANDO, FL 32812

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: JAMES J. FLICK

MR.

04/16/2009

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