

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002267

Entity Name: 1419 ASSOCIATES, LTD., LLC

FILED  
Jan 21, 2009  
Secretary of State

**Current Principal Place of Business:**

1530 GLEN AVENUE  
UNIT ONE  
MOORESTOWN, NJ 08057

**New Principal Place of Business:**

**Current Mailing Address:**

1530 GLEN AVENUE  
UNIT ONE  
MOORESTOWN, NJ 08057

**New Mailing Address:**

FEI Number: 23-3083095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JURSINSKI, KEVIN F  
7800 UNIVERSITY POINTE DRIVE  
SUITE 200  
FORT MYERS, FL 33907 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: LAWSON, FRANK E  
Address: 1530 GLEN AVENUE, UNIT ONE  
City-St-Zip: MOORESTOWN, NJ 08057

Title: MGRM ( ) Delete  
Name: LAWSON, ANDREA  
Address: 1530 GLEN AVENUE, UNIT ONE  
City-St-Zip: MOORESTOWN, NJ 08057

**ADDITIONS/CHANGES:**

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: FRANK LAWSON

FL

01/21/2009

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