

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002805

Entity Name: INFLEXION PARTNERS, LLC

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

12565 RESEARCH PARKWAY STE. 300  
ORLANDO, FL 32826

## New Principal Place of Business:

12565 RESEARCH PARKWAY  
SUITE 300  
ORLANDO, FL 32826

## Current Mailing Address:

12565 RESEARCH PARKWAY STE. 300  
ORLANDO, FL 32826

## New Mailing Address:

12565 RESEARCH PARKWAY  
SUITE 300  
ORLANDO, FL 32826

FEI Number: 02-0663736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYLE, JIM  
12565 RESEARCH PARKWAY STE. 300  
ORLANDO, FL 32826 US

## Name and Address of New Registered Agent:

BOYLE, JIM  
12565 RESEARCH PARKWAY  
SUITE 300  
ORLANDO, FL 32826 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:

04/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BOYLE, JIM  
Address: 12565 RESEARCH PARKWAY STE. 300  
City-St-Zip: ORLANDO, FL 32826

Title: MGR ( ) Delete  
Name: RESNICK, CHARLES  
Address: 4407 CHARLESTON COURT  
City-St-Zip: TAMPA, FL 33609

Title: MGR ( ) Delete  
Name: RUA, DAN  
Address: 2153 HAWTHORNE ROAD, STE. 101  
City-St-Zip: GAINESVILLE, FL 32641

## 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: JAMES BOYLE

MGR

04/09/2009

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