

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002805

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** INFLEXION PARTNERS, LLC

**Current Principal Place of Business:**

12565 RESEARCH PARKWAY  
SUITE 300  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

12565 RESEARCH PARKWAY  
SUITE 300  
ORLANDO, FL 32826

**New Mailing Address:**

**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  
SUITE 300  
ORLANDO, FL 32826 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:** MGR  
**Name:** BOYLE, JIM  
**Address:** 12565 RESEARCH PARKWAY STE. 300  
**City-St-Zip:** ORLANDO, FL 32826

**Title:** MGR  
**Name:** RESNICK, CHARLES  
**Address:** 645 PANSY AVENUE  
**City-St-Zip:** WINTER PARK, FL 32789

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

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:** JAMES H. BOYLE

MANA

04/13/2010

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