

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000024

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE WITT-TOUCHTON COMPANY LLC

Current Principal Place of Business:

1700 S MACDILL AVE
SUITE 340
TAMPA, FL 336295244

New Principal Place of Business:

Current Mailing Address:

1700 S MACDILL AVE
SUITE 340
TAMPA, FL 336295244

New Mailing Address:

FEI Number: 20-2206376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ED KOREN
100 NORTH TAMPA STREET
SUITE 4100
TAMPA, FL 33602 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: DP () Delete
Name: TOUCHTON, J. THOMAS
Address: 1700 S MACDILL AVE, SUITE 340
City-St-Zip: TAMPA, FL 33629

Title: VPTD () Delete
Name: TOUCHTON, JOHN T JR
Address: 1700 S MACDILL AVE, SUITE 340
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: TOUCHTON, LAVINIA H
Address: 1700 S MACDILL AVE, SUITE 340
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: LEE WITT-TOUCHTON, LAVINIA
Address: 1700 S MACDILL AVE, SUITE 340
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: DURFEE, JACKIE
Address: 1700 S MACDILL AVE, SUITE 340
City-St-Zip: TAMPA, FL 33629

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:

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: THOMAS TOUCHTON

DP

01/12/2009

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