

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002403

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** ARDENT MANAGEMENT, LLC

**Current Principal Place of Business:**

1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

**Current Mailing Address:**

1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 59-2651087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAPES, PAUL  
1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

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

MAPES, PAUL  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 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:

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEYER, WILLIAM A  
Address: 1601 BELVEDERE ROAD, SUITE 407 SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGRM  
Name: ASARCH, GAIL M  
Address: 1601 BELVEDERE ROAD, SUITE 407 SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33406 US

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: PAUL MAPES

RA

04/14/2010

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