

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005100

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** HOFFMAN 1681 WELLS ROAD ORANGE PARK, LLC

**Current Principal Place of Business:**

727 CRAIG ROAD, SUITE 100  
ST. LOUIS, MO 64341

**New Principal Place of Business:**

727 CRAIG ROAD  
SUITE 100  
ST. LOUIS, MO 64341 US

**Current Mailing Address:**

727 CRAIG ROAD, SUITE 100  
ST. LOUIS, MO 64341

**New Mailing Address:**

727 CRAIG ROAD  
SUITE 100  
ST. LOUIS, MO 64341 US

**FEI Number:** 20-5093185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 ( ) Delete  
Name: NEWMARK, MICHAEL N  
Address: 211 N. BROADWAY, SUITE 3600  
City-St-Zip: ST. LOUIS, MO 63102

Title: MGR ( ) Delete  
Name: RUBIN, KENNETH  
Address: ONE NORTH BRENTWOOD  
City-St-Zip: ST. LOUIS, MO 63105

**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: MICHAEL N NEWMARK

MGR

03/18/2009

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