2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# M07000000191

Entity Name: STOLZ SAILPOINTE, LLC

Current Principal Place of Business:

366 NORHT MAIN STREET STE 400
ALPHARETTA, GA 30004

New Principal Place of Business:

7 SOUTH MAIN STREET
ALPHARETTA, GA 30009

Current Mailing Address:

366 NORHT MAIN STREET STE 400
ALPHARETTA, GA 30004

New Mailing Address:

7 SOUTH MAIN STREET
ALPHARETTA, GA 30009

FEI Number: 20-8184814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR #4
WESTON, FL 33331 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: STOLZ SAILPOINT MANA, GER INC
Address: 366 NORTH MAIN STREET
City-St-Zip: ALPHAREETA, GA 30004

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STOLZ SAILPOINT MANA, GER INC
Address: 7 SOUTH MAIN STREET
City-St-Zip: ALPHARETTA, GA 30009

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: IRWIN WILLIAM STOLZ III MR. 03/30/2009

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