

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004847

FILED
Mar 23, 2010
Secretary of State

Entity Name: FOLDES FINANCIAL MANAGEMENT OF DELAWARE LLC

Current Principal Place of Business:

9130 SOUTH DADELAND BLVD., STE. 1903
MIAMI, FL 33156 US

New Principal Place of Business:

9150 SOUTH DADELAND BLVD., STE. 902
MIAMI, FL 33156 US

Current Mailing Address:

102 WOODMONT BLVD., STE. 600
NASHVILLE, TN 37205 US

New Mailing Address:

FEI Number: 26-2553893 **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., SUITE 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
Name: BENTON, M. RUSH
Address: 102 WOODMONT BLVD., STE. 600
City-St-Zip: NASHVILLE, TN 37205

Title: P
Name: BENTON, M. RUSH
Address: 102 WOODMONT BLVD., STE. 600
City-St-Zip: NASHVILLE, TN 37205

Title: MGR
Name: HENRY, MICHAEL
Address: 102 WOODMONT BLVD., STE. 600
City-St-Zip: NASHVILLE, TN 37205

Title: V
Name: HENRY, MICHAEL
Address: 102 WOODMONT BLVD., STE. 600
City-St-Zip: NASHVILLE, TN 37205

Title: MGR
Name: MIKLICH, JOHN
Address: 102 WOODMONT BLVD., STE. 600
City-St-Zip: NASHVILLE, TN 37205

Title: ST
Name: MIKLICH, JOHN
Address: 102 WOODMONT BLVD., STE. 600
City-St-Zip: NASHVILLE, TN 37205

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: ABBIE GIOMPOLETTI

AC

03/23/2010

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