


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90279 001 \*\*\*100.00

**DOCUMENT # L04000066557**

1. Entity Name  
**ENGLEWOOD PARTNERS, L.L.C.**



Principal Place of Business 815 E. 63RD PLACE INDIANAPOLIS, IN 46220	Mailing Address 815 E. 63RD PLACE INDIANAPOLIS, IN 46220
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**DO NOT WRITE IN THIS SPACE**



03312006 No Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**KAUFFMAN, GARY ESQ  
 C/O DUNLAP & MORAN, P.A.  
 22 S LINKS AVENUE, SUITE 300  
 SARASOTA, FL 34236**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHERRER, PAUL A 815 E 63RD PLACE INDIANAPOLIS, IN 46220
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 A Scherrer* Date 4/17/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #