


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000066557 1. Entity Name ENGLEWOOD PARTNERS, L.L.C.	
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Principal Place of Business 815 E. 63RD PLACE INDIANAPOLIS, IN 46220	Mailing Address 815 E. 63RD PLACE INDIANAPOLIS, IN 46220
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02072007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1687663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

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

**Filing Fee is \$50.00
 Due by May 1, 2007**

U00000638327
 02/27/07-80025-015 50.00

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 2-13-07 Daytime Phone # 817 522-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE