


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90073 049 \*\*\*138.75

<b>DOCUMENT # L04000066557</b> 1. Entity Name <b>ENGLEWOOD PARTNERS, L.L.C.</b>		
Principal Place of Business <b>815 E. 63RD PLACE INDIANAPOLIS, IN 46220</b>		Mailing Address <b>815 E. 63RD PLACE INDIANAPOLIS, IN 46220</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>330 S. Pineapple Ave.</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 106</b>	
City & State	City & State <b>Sarasota</b>	
Zip	Country	Zip <b>34236</b>
Country	Country <b>Sarasota</b>	

60045746



07252008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-1687663</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KAUFFMAN, GARY ESQ C/O DUNLAP &amp; MORAN, P.A. 22 S LINKS AVENUE, SUITE 300 SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete <b>SCHERRER, PAUL A</b> <b>815 E 63RD PLACE</b> <b>INDIANAPOLIS, IN 46220</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Scherrer* **Paul Scherrer, Manager** 7/25/08 941-366-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #