


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000053962
 1. Entity Name
 AGELESS PARTNERS, L.L.C.



Principal Place of Business 373 MAGNOLIA PLACE DEBARY, FL 32713	Mailing Address 373 MAGNOLIA PLACE DEBARRY, FL 32713
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DO NOT WRITE IN THIS SPACE



04222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 11-3767429	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
 STEINBAUM, KAREN L
 373 MAGNOLIA PLACE
 DEBARY, FL 32713

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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)

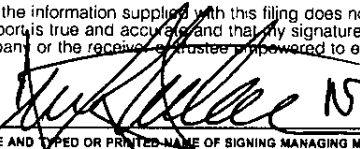
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000943897
 05/29/08-80078-016 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINBAUM, KAREN L 373 MAGNOLIA PLACE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBAUM, JEREMY D 373 MAGNOLIA PLACE DEBARY, FL 32713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 4/30/08 Daytime Phone #: (386) 775-0333