

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061904

Entity Name: 207 PARTNERS, LLC

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

9310 OLD KINGS RD., SO., SUITE 801
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9310 OLD KINGS RD., SO., SUITE 801
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 16-1727609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, DAVID E
2513 WRIGHTSON DR
JACKSONVILLE, FL 32223 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 () Delete
Name: LEE, DAVID E
Address: 2513 WRIGHTSON DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGR () Delete
Name: ACREE, RUSSELL
Address: P.O. BOX 68
City-St-Zip: ADEL, GA 31620

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID E. LEE

MGR

04/02/2009

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