## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## **DOCUMENT # L05000080658**

CULLASAJA PARTNERS, LLC



FILED Jan 22, 2008 08:00 AN **Secretary of State** 

Principal Place of Business

Mailing Address

1051 LIVE OAK PLANTATION ROAD TALLAHASSEE, FL 32312

1051 LIVE OAK PLANTATION ROAD TALLAHASSEE, FL 32312



UUUUUU 75455

01182008 No Chg-LLC

CR2E083 (12/07)

4. FFI Number 75-3198047

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

ARD, SAMUAL J C/O ARD, SHIRLEY & HARTMAN, P.A. 207 WEST PARK AVE. TALLAHASSEE, FL 32301

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8.	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:	
•		
C)	CICALATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75

U1723708=80078=021 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM MORRISON, HARRY JR.

## 9. TITLE NAME STREET ADDRESS 1051 LIVE OAK PLANTATION ROAD CITY-ST-ZIP TALLAHASSEE, FL 32312 MGRM TITLE O'LEARY, PATRICK G NAME STREET ADDRESS 6130 BODERLINE DRIVE TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE MGRM NAME DICK, SCOTT S STREET ADDRESS 2322 CLARE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32309 MGRM TITLE ARD, SAMUAL J NAME STREET ADDRESS 3883 WINDBROOK COURT TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 ceth; 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 AND T

ED OF PROTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE