2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014105

Entity Name: FOX PARTNERS ENTERPRISE, LLC

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1403 MEDICAL PLAZA DRIVE 4019 WEST 1ST STREET SANFORD, FL 32771 214 SANFORD, FL 32771 **New Mailing Address: Current Mailing Address:** 4019 WEST 1ST STREET 1403 MEDICAL PLAZA DRIVE SANFORD, FL 32771 US 214 SANFORD, FL 32771 US FEI Number: 20-4292602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOX, RICHARD C FOX, RICHARD C 1403 MEDICAL PLAZA DRIVE 4019 WEST 1ST STREET 214 SANFORD, FL 32771 SANFORD, FL 32771 US 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: 07/05/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition FOX, RICHARD C FOX. RICHARD C Name: Name: 1121 HANSBERRY COURT Address: 609 PINEBRANCH CIRCLE Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: WINTER SPRINGS, FL 32708 US Title: MGRM () Delete Title: () Change () Addition BROPHY, BRIAN G Name: Name: Address: 50 LEANNI WAY SUITE A-5 Address: City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SHAWN, O'NEILL W Name: Name: 4845 BELLE TERRE PARKWAY SUITE A-1 Address: Address: City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: Name: COONE, JERRY Address: Address: 4019 WEST 1ST STREET City-St-Zip: City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: JABE, LLC, 4019 WEST 1ST STREET Address: Address: City-St-Zip: City-St-Zip: SANFORD, FL 32771

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: RICHARD C. FOX MGRM 07/05/2007