

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122225

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: SEVENTH TERRACE PARTNERS, LLC

**Current Principal Place of Business:**

PMB #313, 1616-102 W. CAPE CORAL PARKWAY  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

910 N.E. 7TH TERRACE  
CAPE CORAL, FL 33909

**Current Mailing Address:**

PMB #313, 1616-102 W. CAPE CORAL PARKWAY  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-8146908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMER, DAVID W  
PMB #313, 1616-102 W. CAPE CORAL PARKWAY  
CAPE CORAL, FL 33914 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: GOMER, DAVID W  
Address: PMB #313, 1616-102 W. CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR ( ) Delete  
Name: DEEMS, PHILIP  
Address: PMB #313, 1616-102 W. CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33914

**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 W. GOMER

MGR

01/07/2008

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