

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035460

FILED
Jan 27, 2008
Secretary of State

Entity Name: PARTNERS IN GROWTH LLC

Current Principal Place of Business:

1742 ALVARADO CT.
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

1742 ALVARADO CT.
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 20-8744363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPERRY, FRED
1742 ALVARADO CT.
LONGWOOD, FL 32779 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: MGRM () Delete
Name: SPERRY, FRED
Address: 1742 ALVARADO CT.
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: BUFFMIRE, JENNIFER L
Address: 1742 ALVARADO CT.
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: SPERRY, MATT T
Address: 1742 ALVARADO CT.
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BUFFMIRE, JENNIFER L
Address: 1453 GREYFIELD DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32707 US

Title: MGRM (X) Change () Addition
Name: SPERRY, MATT T
Address: 1708 GRAND RUE DRIVE
City-St-Zip: CASSELBERRY, FL 32092 US

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: FRED SPERRY

MM/M

01/27/2008

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