2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L07000061313

Entity Name: 730 PARTNERS, LLC

Current Principal Place of Business:

1200 HARRISON STREET
HOLLYWOOD, FL 33022 US

New Principal Place of Business:

1200 HARRISON STREET
HOLLYWOOD, FL 33019 US

Current Mailing Address:

1200 HARRISON STREET
HOLLYWOOD, FL 33022 US

New Mailing Address:

1200 HARRISON STREET
HOLLYWOOD, FL 33019 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A
7805 SW 6 COURT
PLANTATION, FL 33324 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: HIBBS, GREGORY J
Address: 1200 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33022 US

Title: MGRM ( ) Delete
Name: HIBBS, NANAY C
Address: 1200 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33022 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HIBBS, GREGORY J
Address: 1200 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: MGRM (X) Change ( ) Addition
Name: HIBBS, NANCY C
Address: 1200 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33019 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: NANCY C HIBBS MGRM 04/23/2008

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