

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022014

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** OVATION7 CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

4621 BAYSHORE BLVD. NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

4621 BAYSHORE BLVD. NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DOUGLAS, JOHN C  
4621 BAYSHORE BLVD NE  
ST. PETERSBURG, FL 33703 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  
Name: GOULD, LISA O  
Address: 1500 CARDINAL CT.  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM  
Name: DOUGLAS, JOHN C  
Address: 4621 BAYSHORE BLVD NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGRM  
Name: FUREY, VINCENT E III  
Address: 1474 CARDINAL CT  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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:** JOHN C. DOUGLAS

MGRM

04/01/2010

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