

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000061904

**Entity Name:** 207 PARTNERS, LLC

**Current Principal Place of Business:**

3525 AGRICULTURAL CENTER DRIVE  
607  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

3525 AGRICULTURAL CENTER DRIVE  
SUITE 607  
ST. AUGUSTINE, FL 32092 US

**FEI Number:** 16-1727609

**Certificate of Status Desired:** No

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

LEE, DAVID E  
2513 WRIGHTSON DR  
JACKSONVILLE, FL 32223 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEE, DAVID E  
Address 3525 AGRICULTURAL CENTER DRIVE  
SUITE 607  
City-State-Zip: ST. AUGUSTINE FL 32092

Title MGR  
Name ACREE, RUSSELL  
Address P.O. BOX 68  
City-State-Zip: ADEL GA 31620

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID E. LEE

**MGR**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date