

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118810

**Entity Name:** 2029 PARTNERS, LLC**Current Principal Place of Business:**2060 NW BOCA RATON BLVD  
STE 2  
BOCA RATON, FL 33431**Current Mailing Address:**2060 NW BOCA RATON BLVD  
STE 2  
BOCA RATON, FL 33431**FEI Number:** 27-1488724**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SLATTERY, PAUL J  
2060 NW BOCA RATON BLVD  
STE 2  
BOCA RATON, FL 33431 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	SLATTERY, PAUL J
Address	2060 NW BOCA RATON BLVD
City-State-Zip:	BOCA RATON FL 33431

Title	MGRM
Name	SLATTERY, JAMES
Address	709 ELM TREE LANE
City-State-Zip:	BOCA RATON FL 33486

Title	MGRM
Name	SLATTERY, PAMELA
Address	5758 VISTA LINDA LANE
City-State-Zip:	BOCA RATON FL 33433

Title	MGRM
Name	SLATTERY, LEONORA
Address	709 ELM TREE LANE
City-State-Zip:	BOCA RATON FL 33486

Title	MGRM
Name	SLATTERY, JAMIE
Address	4314 RENAISSANCE WAY
City-State-Zip:	BOYNTON BEACH FL 33426

Title	MGRM
Name	KNUTSON, MICHAELINA
Address	22340 MARTELLA AVE.
City-State-Zip:	BOCA RATON FL 33433

*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:** LEONORA SLATTERY**MANAGER****01/13/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date