

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90152 020 ****50.00

60024331



02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3685672 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L00000010515

1. Entity Name
SOUTHPOINT PARTNERS, LLC



Principal Place of Business Mailing Address
6639 SOUTHPOINT PARKWAY, SUITE 106 6639 SOUTHPOINT PARKWAY, SUITE 106
JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4181 Southpoint Dr E 4181 Southpoint Dr E

Suite, Apt. #, etc. Suite, Apt. #, etc.
400 400

City & State City & State
JACKSONVILLE FL JACKSONVILLE FL

Zip Country Zip Country
32216 USA 32216 USA

6. Name and Address of Current Registered Agent

LEWIS, MURRAY A
6639 SOUTHPOINT PARKWAY, SUITE 106
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to -
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEWIS, MURRAY A	
STREET ADDRESS	6639 SOUTHPOINT PARKWAY, SUITE 106	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Murray A Lewis MGRM 3-13-07 904-296-0801
MURRAY A LEWIS

60024331

Division of Corporations

Annual Report

Document Number L00000010515
Business Entity Name SOUTHPOINT PARTNERS, LLC
FEI Number 593685672
FEI Number Status
Certificate of Status Desired No

Principal Place of Business

Address 4181 SOUTHPOINT DRIVE EAST
Suite, Apt. #, etc. 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US

Mailing Address

Address 4181 SOUTHPOINT DRIVE EAST
Suite, Apt. #, etc. 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) LEWIS, MURRAY, A
Address 4181 SOUTHPOINT DRIVE EAST
Suite, Apt. #, etc. 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US
Registered Agent Signature MURRAY A. LEWIS

Managing Member/Manager Name and Address

Title MGRM
Name (Last, First, Middle, Title) LEWIS, MURRAY, A
Street Address 4181 SOUTHPOINT DRIVE EAST, SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US

ATTACHMENT

Title

MGRM

60024331
L 00000010515

Managing Member/Manager Signature MURRAY A. LEWIS

Continue

Start Over