2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007693

1. Entity Name
ENGAGE INVESTMENT PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
1700 S MACDILL AVE STE 220 TAMPA, FL 33629	1700 S MACDILL AVE STE 220 TAMPA, FL 33629

01182005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1950607
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MURRAY, JAMES K JR
STREET ADDRESS	1700 S. MACDILL AVE STE 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	MURRAY, SANDRA H
STREET ADDRESS	1700 S. MACDILL AVE STE 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	MURRAY, JAMES K IV
STREET ADDRESS	1700 S. MACDILL AVE STE 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	MURRAY, MICHAEL S
STREET ADDRESS	1700 S. MACDILL AVE STE 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	ANTHONY SCOTT LEE IRR TRUST
STREET ADDRESS	1700 S. MACDILL AVE STE 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	SUSAN MURRAY RAGSDALE IRR TRUST
STREET ADDRESS	1700 S. MACDILL AVE STE 220
CITY-ST-ZIP	TAMPA, FL 33629

UOU001308451
04/15/05-80036-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael S Murray 4-11-05 813-223-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #