

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000007693

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



Principal Place of Business

1700 S MACDILL AVE
STE 220
TAMPA, FL 33629

Mailing Address

1700 S MACDILL AVE
STE 220
TAMPA, FL 33629



01092007 No Chg-LLC

CR2E083 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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**

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

U000000674065

03/29/07-80055-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/27/07 8132232424