

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020366

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: FOXBROOK PARTNERS LLC

**Current Principal Place of Business:**

17503 HOWLING WOLF RUN  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 223  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 65-1159766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WELLS, LESLIE  
17503 HOWLING WOLF RUN  
PARRISH, FL 34219 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WELLS, LESLIE  
Address: 18204 COYOTE CREEK CT  
City-St-Zip: PARRISH, FL 34219

Title: MGRM ( ) Delete  
Name: CHRISTIE, KATHERINE  
Address: 6604 RIVERVIEW BLVD  
City-St-Zip: BRADENTON, FL 34209

Title: MGRM ( ) Delete  
Name: GIGLIOTTI, JOSEPH  
Address: 10504 US 41  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: MERUCCI, LOUIS  
Address: 10504 US 41  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LESLIE WELLS

MGR

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date