2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# L01000020366

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 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 B WELLS MGR 01/20/2008

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