

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90193 035 *****50.00

DOCUMENT # L02000002804

1. Entity Name

2861 PARTNERS, L.L.C.



Principal Place of Business

1132 READING STREET
ORLANDO FL 32804

Mailing Address

822 W. CENTRAL BLVD
ORLANDO FL 32805



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

1132 Reading Dr

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

Orlando, FL

Zip

Country

Zip

32804

Country

4. FEI Number

42-1528734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATT, JAMES R ESQ
GRAHAM BUILDER JONES PRATT & MARKES LLP
369 N. NEW YORK AVE.
WINTER PARK FL 32789

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HARRISON, RAYMOND D
P.O. BOX 1133
ORLANDO FL 32802-1133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HOLCOMB, ALLEN K JR
1132 READING DR
ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

Raymond D Harrison MEMBER 2/27/02 407 422 4467