


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90031 042 ****55.00

DOCUMENT # L02000010893	
1. Entity Name PRESERVE PARTNERS, LLC	

Principal Place of Business 2200 NORTH 143RD STREET SUITE 100 NORTH MIAMI, FL 33181 US	Mailing Address 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 US
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60039959



2. Principal Place of Business - No P.O. Box # 3390 Mary Street Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, FL Zip 33133 Country USA	3. Mailing Address 3390 Mary Street Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, FL Zip 33133 Country USA
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04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 90-0134437	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent STOTZER, THRODOR R ESQ. C/O SWERDLOW/BOCA DEVELOPERS GROUP, LLC 321 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

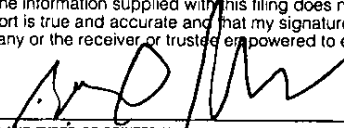
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONEFISH PARTNERS, LLC. 3390 MARY STREET SUITE 200 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **BONEFISH PARTNERS, LLC**
Michael Swerdlow, Pres. **4/23/07 305-476-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #