## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-S1-ZIP

SIGNATURE:

## ANNUAL REPORT DOCUMENT # L02000019763 FILED 1. Entity Name JORDAN PARTNERS, LLC 2001 FEB 15 A II: 33 Principal Place of Business Mailing Address SECRETARY OF STATE 150 2ND AVENUE NORTH, SUITE 1100 150 2ND AVENUE NORTH, SUITE 1100 ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 01102007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRONSTEIN, JOEL D DO NOT WRITE 150 2ND AVENUE NORTH, SUITE 1100 ST. PETERSBURG, FL 33701 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE GIFFIN, WENDY S NAME 360 CENTRAL AVENUE, #1650 STREET ADDRESS SAINT PETERSBURG, FL 33701 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

MG

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

INMER

22/07