

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90074 023 ****50.00

DOCUMENT # L02000021052

1. Entity Name
SEVEN ONE SEVEN PARTNERS, LLC



Principal Place of Business
317 EAST ACRE DRIVE
PLANTATION, FL 33317

Mailing Address
% FLYNN ENGINEERING SERVICE, P.A.
1512 E. BROWARD BLVD.
FORT LAUDERDALE, FL 33301



2. Principal Place of Business

3. Mailing Address

01112006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

1512 E. Broward Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Zip
33301

Country
USA

Zip

Country

4. FEI Number
02-0639921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLYNN, JAY M
% FLYNN ENGINEERING SERVICE, P.A.
1512 E. BROWARD BLVD., STE 100A
FORT LAUDERDALE, FL 33301

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 s/s if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LAVALLÉE, JAMES
2400 E. LAS OLAS BLVD., STE 160
FORT LAUDERDALE, FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Lavallee, James
1217 NE 17th Way
Ft. Lauderdale FL 33301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FLYNN, JAY
1512 E. BROWARD BLVD., STE 100A
FORT LAUDERDALE, FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRIPS, THOMAS
317 EAST ACRE DRIVE
PLANTATION, FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-12-06 (954) 522-1004