


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000028707</b> 1. Entity Name FOURTEEN HUNDRED PARTNERS, LLC	
--	---

Principal Place of Business 317 EAST ACRE DRIVE PLANTATION, FL 33317 US	Mailing Address C/O FLYNN ENGINEERING SERVICES PA STE 100A FORT LAUDERDALE, FL 33301 US
---	--



04062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0494132	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

FLYNN, JAY M C/O FLYNN ENGINEERING SERVICES PA 1512 E BROWARD BLVD FORT LAUDERDALE, FL 33301
---

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRIPS, THOMAS 317 EAST ACRE DR PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAVALLEE, JAMES 2400 E LAS OLAS BLVD., STE 160 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLYNN, JAY 1512 E BROWARD BLVD., STE 100A FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRANCO, ANGEL 1492 E BROWARD BLVD., STE A FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000284141  
04/08/05-80056-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Jay M. Flynn Jay M. FLYNN 4-6-05 954 522-1004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #