

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-27-2006 90074 024 ****50.00

DOCUMENT # L02000028707

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**

40003301



2. Principal Place of Business

3. Mailing Address
**Fourteen Hundred Partners LLC
C/O Flynn Engineering Services PA**

Suite, Apt. #, etc.

1512 E. Broward Blvd.

Suite, Apt. #, etc.

1512 E. Broward Blvd., Ste 100A

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33301

Country

USA

Zip

33301

Country

USA

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0494132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 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**

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

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

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

9. MANAGING MEMBERS/MANAGERS

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

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

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
**MGRM
FRANCO, ANGEL
1492 E BROWARD BLVD., STE A
FORT LAUDERDALE, FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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 #

Jay M Flynn

1-12-06 (954) 522-1004