

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000009881

1. Entity Name  
REMORA PARTNERS, LLC



Principal Place of Business  
605 E. ROBINSON STREET, STE. 420  
ORLANDO, FL 32801

Mailing Address  
605 E. ROBINSON STREET, STE. 420  
ORLANDO, FL 32801



02222005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0159224

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STRICKLAND, BLAINE  
605 E. ROBINSON STREET, STE. 420  
ORLANDO, FL 32801

**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

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME JAMISON, ELLIOTT C  
STREET ADDRESS 605 E. ROBINSON STREET, STE 420  
CITY - ST - ZIP ORLANDO, FL 32801

TITLE MGR  
NAME SPAETH, JAMES D  
STREET ADDRESS 605 E. ROBINSON STREET, STE 420  
CITY - ST - ZIP ORLANDO, FL 32801

TITLE MGR  
NAME STRICKLAND, BLAINE  
STREET ADDRESS 605 E. ROBINSON STREET, STE 420  
CITY - ST - ZIP ORLANDO, FL 32801

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000253118  
03/07/05-80021-018 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)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/2/05