

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000012048**

1. Entity Name  
**FLORIDA COMPUTER PARTNERS, LLC**



Principal Place of Business  
**2501 HOLLYWOOD BOULEVARD  
SUITE 200  
HOLLYWOOD, FL 33020 US**

Mailing Address  
**2501 HOLLYWOOD BOULEVARD  
SUITE 200  
HOLLYWOOD, FL 33020 US**



01302007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1189630</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

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

**TOLAND, HOWARD S ESQ.  
100 SOUTHEAST THIRD AVENUE  
ONE FINANCIAL PLAZA, SUITE 1900  
FORT LAUDERDALE, FL 33394**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FCPM, INC. 2501 HOLLYWOOD BOULEVARD, SUITE 200 HOLLYWOOD, FL 33020</b>
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U00000620478  
02/09/07-80038-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-70-07

954-922-0427