


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90021 037 ***138.75

DOCUMENT # L03000030896		
1. Entity Name FLORIDA USA & PARTNERS LLC		

Principal Place of Business 777 NE 77TH TERR. MIAMI, FL 33138	Mailing Address 9500 W BROADVIEW DR MIAMI BEACH, FL 33154
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10793 Blackhawk Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Plantation, FL	
Zip	Country	Zip 33324	Country



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0168712		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VIVIES, PATRICK 700 E DANIA BEACH BLVD #202 DANIA, FL 33004		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOUGUET, MARIE LUCE 777 NE 77TH TERR. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 01.07.2008	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		