2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000043385

1. Entity Name PARTISANS, LLC



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

121 W. UNDERWOOD STREET ORLANDO, FL 32806-1111

121 W. UNDERWOOD STREET ORLANDO, FL 32806-1111



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0578170

Applied For Not Applicable

5. Certificate of Status Desired

□ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGRUDER, G. BROCK JR. 121 W. UNDERWOOD STREET ORLANDO, FL 32806-1111

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| | re named entity submits this statement for the purpose of changi ations of registered agent. | ng its registered office or registered agent, or both | n, in the State of Florida. | t am familiar with, | and accept |
|-----------|---|---|-----------------------------|---------------------|-------------|
| 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

U00000536553 01/23/07-80083-024 50.00

| 9. | MANAGING MEMBERS/MANAGERS | | | | |
|---|---|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAGRUDER, G. BROCK JR 920 S. TROTTERS DRIVE MAITLAND, FL 32751 | | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the eindicated on this report is true and accurate and that my signature shall have the sa | | | | | |

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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: ___

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/15/07

Daytime Phone #