## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 26, 2007 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State				
DOCUMENT # L04000007179							02-26-2007	90304	016 ****5	5.00
1. Entity Name AZTEC PARTNERS LLC										
				16						
Principal Place of Business Mailing Address					20005061			5061		
2875 N.E. 191 STREET, PENTHOUSE 1			2875 N.E. 191 STREET, PENTHOUSE 1							
AVENTUKA, F	£ 33180		AVENTURA, FL 33180	,		I (\$6)(\$1) \$		11 <b>6 1</b> 111 <b>11 1111</b>	(884) <i>(181</i> ) (8818 18	
Principal Place of Business - No P.O. Box #     Adailing Address										
Suite, Apt. #, etc.			12.0 Ro (630811		-	25    5       30    55    54		18281 (6811 12818 12		
						01032007	Chg-LLC	CR2E	(12/06)	
City & State			City & State FC		4. FEI Numb				oplied For ot Applicable	
Zip		Country	33163	Country	4	5. Certificate	e of Status Desired		\$5.00 Add	ditional d
6. Name and Address of Current Registered Agent					7. Name an	Address of New R	Registered	d Agent		
KLEIN, THEODORE J					Name	_	•		•	
8030 PETERS RD SUITE D-104				Street Address (	(P.O. 8ox Numb	er is Not Acceptable	e) 			
PLANTATION, FL 33324										
					City FL Zip Code					le
	named entity su ions of registere		the purpose of changing its	s registered	office or registe	red agent, or b	oth, in the State of Flo	orida. Lar	n familiar with,	and accept
SIGNATURE .			1.180.00							
SIGNATURE .	Signature, typed or pr	rinted name of registered agent ar	nd title if applicable. (NOT	TE: Registered A	gent signature require	d when reinstating)		DATE		
Fi	iling Fee is :	\$50.00	nd title if applicable. (NOT	TE: Registered Aç	kgent signature require	d when reinstating)		e check	payable to	
Fi Di		\$50.00 , 2007			igent signature requirer	d when reinstating)	Florid	e check a Depart	payable to ment of Stat	e .
Fi Do	iling Fee is :	\$50.00	RS/MANAGERS	10.	gent signature requirer	d when reinstating)		e check a Depart	payable to ment of Stat	,
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: MALL JACK AZOJ J/07 (305)935-5175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayloring Phone #