


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000014859 1. Entity Name SUWANNEE PARTNERS, L.L.C.	
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Principal Place of Business 114 NE FIRST STREET TRENTON, FL 32693 US	Mailing Address POST OFFICE BOX 308 TRENTON, FL 32693 US
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1718519	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

**BURT, THEODORE M ESQ.
114 NE FIRST STREET
TRENTON, FL 32693**

**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	S BURT, THEODORE M 114 NE FIRST STREET, PO BOX 308 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORE, FREDRIC R 13410 NW 49TH LANE GAINESVILLE, FL 32606
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05/10/07-80032-012 50.00

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]* **4/25/07** **352-463-2348**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #