2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# L04000024003

Entity Name: 3 D PARTNERS, LLC

Current Principal Place of Business:

1790 NW 94TH AVENUE
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

6640 BRANCH STREET
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 20-0939161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILMOUR, KIMBERLY A
4179 DAVIE ROAD
SUITE 101
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	EVANS, DIANNE M	
Address:	6640 BRANCH ST.	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	MGR	( ) Delete
Name:	HANLON, MICHAEL J	
Address:	19020 SOUTH ST. ANDREWS DRIVE	
City-St-Zip:	MIAMI, FL 33015	
Title:	MGR	( ) Delete
Name:	HANLON, CORRY T	
Address:	19020 SOUTH ST. ANDREWS DRIVE	
City-St-Zip:	MIAMI, FL 33015	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANNE M EVANS MGR 01/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date