


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90052 025 ****50.00

DOCUMENT # L04000024710 1. Entity Name LAKE TALQUIN PARTNERS, L.L.C.					
Principal Place of Business 10206 JOURNEYS END <i>delete</i> TALLAHASSEE, FL 32312 <i>delete</i>			Mailing Address PO BOX 12002 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box # 2708 Apalachee Parkway Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State		4. FEI Number 83-0390525	
Zip 32301		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TUTWILER, MARIANNA 10206 JOURNEYS END TALLAHASSEE, FL 32312 <i>delete</i>				7. Name and Address of New Registered Agent Name BARTOW M MYERS Street Address (P.O. Box Number is Not Acceptable) 7633 Broadview Farms Ln. City Tallahassee FL Zip Code 32309	
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 <i>[Signature]</i> 1/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HYATT, PAUL 10206 JOURNEYS END TALLAHASSEE, FL 32312		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MYERS, BARTOW 7633 BROADVIEW FARMS LN TALLAHASSEE, FL 32309		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MYERS, BARTOW 7633 BROADVIEW FARMS LN TALLAHASSEE, FL 32309		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MYERS, BARTOW 7633 BROADVIEW FARMS LN TALLAHASSEE, FL 32309		<input type="checkbox"/> Delete		
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: <i>[Signature]</i> BARTOW M MYERS 1/29/07 850-228-8137 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					