



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90027 018 ****50.00

DOCUMENT # L04000029134 1. Entity Name FIFTEEN FORTY TWO PARTNERS, LLC					
Principal Place of Business 1512 EAST BROWARD BOULEVARD, STE. 100-A FT. LAUDERDALE, FL 33301				Mailing Address C/O FLYNN ENGINEERING SERVICES PA 1512 EAST BROWARD BOULEVARD, STE. 100-A FT. LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 241 Commercial Blvd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address C/O Flynn Engineering Services PA. <small>Suite, Apt. #, etc.</small>			
City & State Lauderdale-By-The-Sea FL		City & State Lauderdale-By-The-Sea FL		4. FEI Number 20-0985684	
Zip 33308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLYNN, JAY M C/O FLYNN ENGINEERING SERVICES PA 1512 EAST BROWARD BOULEVARD, STE. 100-A FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Flynn, Jay M Street Address (P.O. Box Number is Not Acceptable) C/O Flynn Engineering Services PA 241 Commercial Blvd City Lauderdale-By-The-Sea FL Zip Code 33308	
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 <u>Jay M Flynn</u> <u>Jay M. Flynn</u> <u>4-2-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MGR FLYNN, JAY 1512 EAST BROWARD BOULEVARD, STE. 100-A FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 241 Commercial Blvd Lauderdale-By-The-Sea FL 33308			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRIPS, THOMAS 317 E ACRE DRIVE FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVALL, JAMES 1217 NE 17TH WAY FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCO, ANGEL 1492 E BROWARD BLVD, STE A FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: Jay M Flynn Jay M. Flynn 4-2-07 954 522-1004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					