## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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

☐ Change

■ Addition

DOCUMENT # L04000029134  1. Entity Name FIFTEEN FORTY TWO PARTNERS, LLC					04-05-2007 9	00027 018 ****50	).00	
Principal Place of Business 1512 EAST BROWARD BOULEVARD, STE. 100-A FT. LAUDERDALE, FL 33301  Mailing Address C/O FLYNN ENGINEERING 1512 EAST BROWARD BO FT. LAUDERDALE, FL 33301  FT. LAUDERDALE, FL 33301			Boulevard, Ste.	100-A		   11  4   1  6   1  4   4  6   1  6   1	<b>501 (11 100)</b>	
2. Principal Place of Business - No P.O. Box #  3. Mailing Address  Co Flyw Enginesis.  Suite, Apt. #, etc.  241 Commercial			ineering Sou	الروني P.A . 04022007	ChallC	CD35083 (43/06)		
City & State	e	City & State	al Blud.	4. FEI Num	Chg-LLC ber	CR2E083 (12/06)	plied For	
Lauderdal Zip	e-By-The-Sea FL Country	Lauderdale-By	Country	FL 20-09	85684 e of Status Desired	\$5.00 Add	t Applicable	
33	3308 USA	33308	<u>us</u> ,	<u> </u>		Fee Require	d	
6. Name and Address of Current Registered Agent			Name _	7. Name and Address of New Registered Agent				
FLYNN, JAY M			<u> </u>	Flynn, Jay M				
C/O FLYNN ENGINEERING SERVICES PA 1512 EAST BROWARD BOULEVARD, STE. 100-A			Street Ac	Street Address (P.O. Box Number is Not Acceptable)  Clo Flynn Engineering Services PA				
FT. LAUDERDALE, FL. 33301			auı					
		City	City 1 2 7 7 Code					
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. Lam familiar with, and accept							and accept	
the obligations of registered agent.								
( //o obligati	To a registrone again.		,					
SIGNATURE .	JaymFonn	nd title if applicable. (NOTE	Rebistered Agent signatur	NN N	Ч	1-2-07		
SIGNATURE .	JaymFonn	To the flappicable (NOTE	AV H FV	N N N re-required when reinstating)	Make	Department of State		
SIGNATURE .	Signature, typedochronied name of egistered agent a		Rebistered Agent signatur		Make	DATE  check payable to Department of State	<b>D</b>	
SIGNATURE .  Fi Di	Signature, typedochanted name of egistered agent a siling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBER		10.		Make Florida	DATE  check payable to Department of State	Addition	
SIGNATURE .  Fi Di  9.  IITLE  NAME	Signature, typedochanted name of egistered agent a siling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBER MGR FLYNN, JAY	RS/MANAGERS	10.	6 required when reinstating)	Make Florida ADDITIONS/6	DATE  check payable to Department of State  CHANGES  Change	☐ Addition	
SIGNATURE .  Fi Di	Signature, typedochanted name of egistered agent a siling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBER	RS/MANAGERS	10.	6 required when reinstating)	Make Florida ADDITIONS/6	DATE  check payable to Department of State CHANGES	☐ Addition	
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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.

☐ Delete

STREET ADDRESS

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CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

SIGNATURE: Jan W. Flynn 4-2-07 954 522-1004
SIGNATURE and TYPED OR PRINTED MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prome.