


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 001 ****50.00

DOCUMENT # L04000035708 1. Entity Name MOJITA PARTNERS, LLC					
Principal Place of Business 221 AVENUE E STE B APALACHICOLA, FL 32320			Mailing Address PO BOX 33 APALACHICOLA, FL 32329		
2. Principal Place of Business - No P.O. Box # 1560 Peachtree Rd		3. Mailing Address Suite, Apt. #, etc.			
City & State Apalachicola, FL		City & State		4. FEI Number 01-0816517	
Zip 32320		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLOWAY, CHARLES H 221 AVENUE E STE B APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent Name Charles H. Galloway Street Address (P.O. Box Number is Not Acceptable) 1560 Peachtree Rd City Apalachicola FL Zip Code 32320		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 DATRY, ERIC 129 WILTON DRIVE DECATUR, GA 30030	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, GREG 3797 CASTLEGATE DRIVE ATLANTA, GA 30327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES HEATH GALLOWAY 221 AVENUE E STE B APALACHICOLA, FL 32320	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Charles Heath Galloway 1560 Peachtree Road Apalachicola, FL 32320	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<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 606, Florida Statutes.					
SIGNATURE: <i>C.H. Galloway</i> Charles Heath Galloway <i>1/9/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					850-653-3505 <small>Daytime Phone #</small>