

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L04000035708

1. Entity Name
MOJITA PARTNERS, LLC



Principal Place of Business
**1560 PEACHTREE RD
 APALACHICOLA, FL 32320**

Mailing Address
**PO BOX 33
 APALACHICOLA, FL 32329**



01242008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0816517** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLOWAY, CHARLES H
 1560 PEACHTREE RD
 APALACHICOLA, FL 32320**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

U00000904004
 04/30/08-80069-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DATRY, ERIC 129 WILTON DRIVE DECATUR, GA 30030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, GREG 3797 CASTLEGATE DRIVE ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES HEATH GALLOWAY 1560 PEACHTREE RD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

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: *Charles H. Galloway* **Charles H. Galloway**

4-15-08

850-653-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #