# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L04000037999**

**1.** Entity Name
FAIRFAX, SAMMONS & PARTNERS LIMITED COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 321 PERUVIAN AVE.<br>PALM BEACH, FL 33480    US | 321 PERUVIAN AVE.<br>PALM BEACH, FL 33480    US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 420 WORTH AVE | 420 WORTH AVE |
| Suite, Apt. #, etc. SUITE B | Suite, Apt. #, etc. SUITE B |
| City & State PALM BEACH, FL | City & State PALM BEACH, FL |
| Zip 33480  Country US | Zip 33480  Country US |

07112007     Chg-LLC     CR2E083 (12/06)

**4.** FEI Number  20-1135158 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FAIRFAX ELLETT, ANNE<br>321 PERUVIAN AVE.<br>PALM BEACH, FL 33480 | Name: ANNE FAIRFAX ELLETT<br>Street Address (P.O. Box Number is Not Acceptable): 240 WORTH AVE. SUITE B<br>City: PALM BEACH  FL  Zip Code: 33480 |

**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: *Anne Fairfax Ellett*

Signature, typed or printed name of registered agent and title, if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE

**Filing Fee is $50.00**
**Due by September 14, 2007**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGRM | ☐ Delete | TITLE | | ☒ Change ☐ Addition |
| NAME | FAIRFAX ELLETT, ANNE | | NAME | ANNE FAIRFAX ELLETT | |
| STREET ADDRESS | 321 PERUVIAN AVE. | | STREET ADDRESS | 240 WORTH AVE. SUITE B. | |
| CITY-ST-ZIP | PALM BEACH, FL 33480 | | CITY-ST-ZIP | PALM BEACH, FL 33480 | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST ZIP | | | 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: *Anne Fairfax Ellett*    Anne Fairfax Ellett

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