

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045311

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Entity Name:** 2180 WEST FIRST PARTNERS, LLC

**Current Principal Place of Business:**

4099 TAMIAMI TRAIL NORTH  
SUITE 305  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

4099 TAMIAMI TRAIL NORTH  
SUITE 305  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 56-2464740      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANDLER, ASA W III  
4099 TAMIAMI TRAIL NORTH  
SUITE 305  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CANDLER, ASA W III  
Address: 4099 TAMIAMI TRAIL NORTH, SUITE 305  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM ( ) Delete  
Name: FIELD, JAMES W  
Address: 4099 TAMIAMI TRAIL NORTH, SUITE 305  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ASA W. CANDLER III

MGRM

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date