


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000047509 1. Entity Name CADDYSHACK PARTNERS, LLC	
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Principal Place of Business 7541 BELLA VERDE WAY DELRAY BEACH, FL 33446	Mailing Address 7541 BELLA VERDE WAY DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2467575	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DICKENSON, DAVID B 980 NORTH FEDERAL HIGHWAY, SUITE 410 BOCA RATON, FL 33432

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, LINDSEY R SR. 7541 BELLA VERDE WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, LINDSEY R JR. 7541 BELLA VERDE WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, CHRISTOPHER C 3 AUSTIN FARM ROAD NANTUCKET, MA 02554
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, STEPHEN L 65-1692 KOHALA KAMUELA, HI 96743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000590514
01/18/07-80058-022 50.00

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/17/07 <small>Date</small>	561-495-6603 <small>Daytime Phone #</small>
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