2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AN
Secretary of State

ANNUAL REPURI				Secretary of Sta	
DOCUME	ENT # L04000092	639	200		secretary or Sta
1. Entity Name	THENCALLO				
MIDHO PAR	TNERS 1, LLC				
Principal Place of	Business	Mailing Address			
2032 HILLVIEW S		2032 HILLVIEW STREET			
SARASOTA, FL 3	4239	Sarasota, FL 34239			
	The second secon	te di Timbrio di La sancia di Propinsi di La Sancia di La			
DO NOT WRITE IN THIS SPACE			CE	01172007 No Chg-LLC	CR2E083 (11/05)
	MOI WINIT			4. FEI Number 20-2040202	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
				5. Certificate of Status Desilled	Pee Required
6	. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	- Comment of the Comm
LAMBRECHT, WILLIAM G				DO NOT W	RITE
200 SOUTH ÖRANGE AVENUE SARASOTA, FL 34236					
SANASOTA, I	FL 34230	•		IN THIS SP	ACE
8. The above can	ned entity submits this statement for	r the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	rida. I am famillar with, and accept
the obligations	of registered agent.				•
SIGNATURE					
Signa	sture, typed or printed name of registered agent	and title if applicable (NOTE Register	red Agent signatura required	when reinstating)	DATE
Filing	g Fee is \$50.00		_	· · · · · · · · · · · · · · · · · · ·	Yak, a,
Due	by May 1, 2007				
9.	MANAGING MEMBE	RS/MANAGERS		The state of the s	A STATE OF THE PARTY OF THE PAR
TITLE MO	GRM		1 2 2 2		
{ I	ALLIETT, JOHN W.				
1 3	32 HILLVIEW STREET ARASOTA, FL 34239				
LILE OF	4000114,1201200		-		
NAME				01,/26/07~	600521 80013-016 55.00
STREET ADDRESS				124 Per 124	doors ord cared
CITY-ST-ZIP					
TITLE		·	1	=	
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CITY-ST-ZIP			_	DO NOT W	KIIE
TITLE		;		IN THIS SP	PACE
NAME			1		*

11. I hereby certify that the information supplied with this fitting 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

\$/18/07

941-364-9228

Daytime Phone #