

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90508 001 ***100.00

DOCUMENT # L05000007138

1. Entity Name
EXCELL PARTNERS, LLC



Principal Place of Business
**1300 N.W. 17TH AVENUE, SUITE 255
DELRAY BEACH, FL 33445**

Mailing Address
**1300 N.W. 17TH AVENUE, SUITE 255
DELRAY BEACH, FL 33445**

30005486



2. Principal Place of Business - No P.O. Box #
301 E. OCEAN AVE

3. Mailing Address

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.
SAME

04172007 Chg-LLC CR2E083 (12/06)

City & State
LANAMA

City & State

4. FEI Number

04-3839024

Applied For

Not Applicable

Zip
33462

Country
US

Zip

Country

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

**GRAVETT, STEPHEN E
1300 N.W. 17TH AVENUE, SUITE 255
DELRAY BEACH, FL 33445**

Name

Street Address (P.O. Box Number is Not Acceptable)

301 EAST OCEAN AVE. STE #1

City **LANAMA**

FL

Zip Code **33462**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GRAVETT, STEPHEN E**
STREET ADDRESS **1300 N.W. 17TH AVENUE, SUITE 255**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **301 E. OCEAN AVE #1**
CITY-ST-ZIP **LANAMA FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/07

Date

301-243-9200

Daytime Phone #