

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # L05000036672

1. Entity Name
MASTERSON PARTNERS, LLC



Principal Place of Business

**6 TWIN OAKS LANE
DOTHAN, AL 36303**

Mailing Address

**6 TWIN OAKS LANE
DOTHAN, AL 36303**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOYD, MARK
6 TWIN OAKS LANE
DOTHAN, AL 36303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MORTON, CATRECE
2740 FM 407
JUSTIN, TX 76247**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MORTON, JAMES
2740 FM 407
JUSTIN, TX 76247**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LOYD, GAIL
6 TWIN OAKS LANE
DOTHAN, AL 36303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000641338
02/28/07-80103-011 50.00

**DO NOT WRITE
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:

Mark Lloyd

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

Date

Daytime Phone #

2-14-07 334-794-9124