### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L05000061904**

1. Entity Name 207 PARTNERS, LLC



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

9310 OLD KINGS RD., SO., SUITE 801 JACKSONVILLE, FL 32257

Mailing Address

9310 OLD KINGS RD., SO., SUITE 801 JACKSONVILLE, FL 32257



DO NOT WRITE IN THIS SPACE

01112008No Chg-LLC CR2E083 (12/07)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, DAVID E 2513 WRIGHTSON DR JACKSONVILLE, FL 32223

# DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of changi tilons of registered agent.	ing its registered office or registered agent, or bo	in, in the State of Florida.	i am familiar with, and a	ccept
SIGNATURE					_
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		DATE	

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000783047 01/15/08-80099-013 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, DAVID E 2513 WRIGHTSON DR JACKSONVILLE, FL 32223		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACREE, RUSSELL P.O. BOX 68 ADEL, GA 31620		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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1. 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 expoute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: COUNTY OF THE STATE OF THE STATE

1/11/08 730-0400