


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-09-2007 90355 009 ****50.00

DOCUMENT # L05000066454		
1. Entity Name 1019 TOWN CENTER DRIVE PARTNERS, LLC		
Principal Place of Business C/O COLDWELL BANKER AI GROUP, LLC 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	Mailing Address C/O COLDWELL BANKER AI GROUP, LLC 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



**1019 Town Center Drive
Orange City, Florida 32763**

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Orange City, Florida 32763**

03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3240323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JOHN WANAMAKER, CCIM 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	7. Name and Address of New Registered Agent Name <u>Same</u> Str 1019 Town Center Drive Ci Orange City, Florida 32763 Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.

SIGNATURE John Wanamaker (NOTE: Registered Agent signature required when reinstating) DATE 4/4/07

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR <u>managing member</u> <input type="checkbox"/> Delete WANAMAKER, JOHN 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Same</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>managing member</u> 1019 Town Center Drive Orange City, Florida 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 John Wanamaker 4/4/07 386-775-8433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #