

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 013 ****50.00

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1. Entity Name
1725 DOYLE ROAD PARTNERS, LLC



Principal Place of Business
C/O AI GROUP, LLC
2574 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

Mailing Address
C/O AI GROUP, LLC
2574 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3240426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

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Orange City, Florida 32763**

6. Name and Address of Current Registered Agent

WANAMAKER, JOHN CCIM
2574 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

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

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

8. The above named entity submits this statement for the purpose of changing its registered agent.

I am familiar with, and accept

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WANAMAKER, JOHN CCIM
2574 S. VOLUSIA AVE
ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

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

Date

Daytime Phone #

4/4/07 386-775-8630