LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State
05-10-2007 90423 014 ****50.00

DOCUMENT # L05000069879

1. Entity Name
CASHFLOW PARTNERS LLC

DO NOT WRITE IN THIS SPACE

600050705

CR2E093B (8/05)

2. Principal Place of Business	3. Mailing Address
28538 ALESSANDRIA CIRCLE	28538 ALESSANDRIA CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS, FL	City & State: BONITA SPRINGS
Zip 34135 Country USA	Zip FL Country USA

4. FEI Number: 56-2523485 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: WILLIAM T. RICCI
Street Address (P.O. Box Number is Not Acceptable): 28538 ALESSANDRIA CIRCLE
City: BONITA SPRINGS FL Zip Code: 34135

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 — Date

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM T. RICCI 28538 ALESSANDRIA CIRCLE BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADELINE RICCI 28538 ALESSANDRIA CIRCLE BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 5/3/07 239-405-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT
600050705

FAX COVER SHEET

Send to: Kurt S. Browning, Sec. of State	From: Bill Ricci
Attention:	Date: 5/1/2007
Fax number: 850-245-6125	Fax number: 941-375-2239
Phone number:	Phone number: 941-375-2239

Total pages, including cover:

Comments:

I have spent ~~hours today trying~~ to pay for my annual filing for Cashflow Partners LLC. Document # L05000069879

The website is down-cannot pay online

Cannot download the form from the website.

Cannot get through on the telephone to the Division of Corporation trying many different numbers.

Please let me know how to resolve this problem, as the deadline is today and I don't think I should have to pay a late filing penalty.