

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-02-2008 90023 009 ***138.75

30006198

DOCUMENT # L05000070673 1. Entity Name MINORGA PARTNERS, L.L.C.					
Principal Place of Business 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242			Mailing Address 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3175398	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRTLEY, WILLIAM T 1776 RINGLING BOULEVARD SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKERNELL, WARREN D JR 6583 MIDNIGHT PASS RD. SARASOTA, FL 34242 <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	MGRM BARBERIO, ALLAN 1990 MAIN STREET, SUITE 801 SARASOTA, FL 34236 <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	
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: <u>Warren Hickernell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4-24-08</u> Daytime Phone: <u>941-349-3131</u>		

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Minorga Partners, LLC
6583 Midnight Pass Rd
Sarasota, FL 34242

ATTACHMENT

30006198

CENTURY BANK
SARASOTA, FL

63-9075/2631

4/18/2008

PAY TO THE
ORDER OF Division of Corporations

\$**138.75

One Hundred Thirty-Eight and 75/100***** DOLLARS

Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

Document # L05000070673



Minorga Partners, LLC
Division of Corporations

Annual Corporate Fee

4/18/2008

1316

138.75

Century Bank - checki Document # L05000070673

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Minorga Partners, LLC
Division of Corporations

Annual Corporate Fee

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