

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90463 047 \*\*\*\*50.00

DOCUMENT # L05000074809

1. Entity Name  
SLOPESIDE REAL ESTATE PARTNERS LLC



Principal Place of Business  
4475 US 1 SOUTH  
SUITE 100  
ST AUGUSTINE, FL 32086

Mailing Address  
2200 N PONCE DE LEON BLVD  
SUITE 10  
ST AUGUSTINE, FL 32084

40037310



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

3. Mailing Address

4425 US1 South

Suite, Apt. #, etc.

03062007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

City & State

4. FEI Number  
20-3224290

Applied For  
Not Applicable

City & State  
St. Augustine, FL

Zip  
32086

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLAGHER, LESLIE R  
315 CORTEZ DR  
ST AUGUSTINE, FL 32086

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
MGRM  
GALLAGHER, LESLIE R  
315 CORTEZ DR  
ST AUGUSTINE, FL 32086 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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 SINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mar 15/07

904669-7862