

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90090 022 ***138.75

DOCUMENT # L05000079064

1. Entity Name

SANTA MADEIRA INVESTMENT PARTNERS, LLC



Principal Place of Business

20001 GULF BLVD., SUITE 5
INDIAN SHORES FL 33785

Mailing Address

20001 GULF BLVD., SUITE 5
INDIAN SHORES FL 33785



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3286480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR
ARSENAULT LAW GROUP, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

Stephen J. Page
Street Address (P.O. Box Number is Not Accepted)
20001 Gulf Blvd Ste 5

City

Indian Shores

FL

Zip Code

33785

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]
Signature, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when re-registering)

1/30/08

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PAGE, STEPHEN J	
STREET ADDRESS	20001 GULF BLVD., SUITE 5	
CITY- ST- ZIP	INDIAN SHORES FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/30/08

Date

Register Page #