2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000098469

1. Entity Name

PARTNERS ASSOCIATES, LLC



FILED Jan 11, 2007 08:00 AM Secretary of State

Principal Place of Business

2500 W LAKE MARY BOULEVARD

SUITE 101

LAKE MARY, FL 32746



Mailing Address

2500 W LAKE MARY BOULEVARD

SUITE 101

LAKE MARY, FL 32746



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01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3600131

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

IBNE-RASA, HASIB 2500 W LAKE MARY BOULEVARD SUITE 101 LAKE MARY, FL 32746

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| | ve named entity submits this statement for the purpose of chriations of registered agent. | anging its eagistered office or registered agent, or both, | in the State of Florida. I am familiar with, and accept |
|--|---|--|---|
| SIGNATURE | | | 1.401 |
| SIGNATURE | Signature, typed in a series of angistered agent and little if applicable | (NOTE: Registered Agent signalure required when reinstating) | DATE |
| Filling Fee is \$50.00 Due by May 1, 2007 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGR | | |

IBNE-RASA, HASIB NAME STREET ADDRESS 2500 W LAKE MARY BOULEVARD CITY-ST-ZIF LAKE MARY, FL 32746 TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000583049 01/11/07-80052-021 55.00

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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 logal 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

STREET AUDRECO

1-4.07

386.747.3392

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

Date

Daytme Phone #