2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT	~# L05000116267
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1. Entity Name

INDIANTOWN PARTNERS, LLC



Principal Place of Business

950 IEFFERSON STREET HOLLYWOOD, FL 33019 Mailing Address

950 JEFFERSON STREET HOLLYWOOD, FL 33019



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-3888412	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

CASTER, STEVEN 950 JEFFERSON STREET HOLLYWOOD, FL 33019

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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		
Fi	lling Fee is \$50.00 ue by May 1, 2007	140 (F.) (Allegen on Allent allegen on addition Aster Foundation)	DATE		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTER, STEVEN 950 JEFFERSON ST HOLLYWOOD, FL 33019				
TITLE NAME STREET ADDRESS GUTY-S1-ZIP	MGR SAIONTZ, STEVEN 9515 SW 60TH CT MIAMI, FL 33156	i	000000578578 01/09/07-80034-023 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		
TITLE NAME STREET ADDRESS CITY SI-7IP					

11. I hereby certify that the information supplied with this tiling 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 trustal empowered to execute this report as required by Chapter 608, Florida Statutes.

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