2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L06000003397

Entity Name: CZECH PARTNERS LLC

Current Principal Place of Business:

7575 DR. PHILLIPS BLVD
SUITE 220
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7575 DR. PHILLIPS BLVD
SUITE 220
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 41-2205612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLECEK, KEITH D
7575 DR. PHILLIPS BLVD.
SUITE 220
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HOLECEK, KEITH D	
Address:	7575 DR. PHILLIPS BLVD. STE. 220	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	( ) Delete
Name:	HOLECEK, MICHAEL J	
Address:	7575 DR. PHILLIPS BLVD. STE. 220	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	( ) Delete
Name:	HOLECEK, MARK S	
Address:	7575 DR. PHILLIPS BLVD. STE. 220	
City-St-Zip:	ORLANDO, FL 32819	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL HOLECEK MGRM 04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date