2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 17, 2007 8:00 am Secretary of State **DOCUMENT # L06000012275** 01-17-2007 90007 003 ****50.00 1. Entity Name GANDY PARTNERS, LLC Principal Place of Business Mailing Address 20001624 3904 HALL OAK COURT 3904 HALL OAK COURT VALRICO, FL. 33594 VALRICO, FL 33594 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-4241263 Not Applicable Country Zipi Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEARD, LAWRENCE M Street Address (P.O. Box Number is Not Acceptable) 3904 HALL OAK COURT VALRICO, FL 33594 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ТΠΙΕ ☐ Change ■ Addition ☐ Delete LAWRENCE M HEARD NAME 3904 HANDAK C+ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De lete TM F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE: ____

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ΠLE

NAME

PINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

☐ Change

■ Addition

FILED