

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000025528

1. Entity Name
TALL VENTURES PARTNERSHIP LLC



Principal Place of Business

**6370 SW 102 ST
PINECREST, FL 33156**

Mailing Address

**6370 SW 102 ST
PINECREST, FL 33156**



04222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3836506

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENSEN, ROBERT W
2199 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000927860
05/20/08-80116-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHAEFER, PAMELA L
STREET ADDRESS	6370 SW 102 STREET
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	MGR
NAME	SCHAEFER, JOHN H JR
STREET ADDRESS	6370 SW 102 STREET
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	MGRM
NAME	JOHN H SCHAEFER RTA UA 7-9-2003
STREET ADDRESS	6370 SW 102 STREET
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #

4-24-08 305 791722