


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90316 003 ****50.00

DOCUMENT # L06000038199 1. Entity Name INTELEX PARTNERS LLC					
Principal Place of Business 8467 SW 16TH AVENUE OCALA, FL 34476			Mailing Address 8467 SW 16TH AVENUE OCALA, FL 34476		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 204732509	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, RONALD C ESQ. 5348 FIRST AVENUE NORTH ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Edward M. Ray Street Address (P.O. Box Number is Not Acceptable) 8467 SW 16th Ave City Ocala FL Zip 34476	
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 <u>Edward M. Ray</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/27/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAY, EDWARD 8385 S.W. 16TH AVE. OCALA, FL 34476	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ray, Edward 8467 SW 16th Ave Ocala FL 34476
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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: <u>Edward M. Ray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>1/27/07 352 237 0755</u> <small>Date Daytime Phone #</small>	

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