2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L06000040077

Entity Name: SOUTH PAW PARTNERS, LLC

Current Principal Place of Business:

POST OFFICE BOX 489
ST. PETERSBURG, FL 33731

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 489
ST. PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 27-0141675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESTINI, JOHN R
725 34TH AVENUE NE
ST. PETERSBURG, FL 33704 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: LESTINI, JOHN R
Address: 725 34TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LESTINI, JOHN R
Address: 2799-62ND AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MGRM ( ) Change (X) Addition
Name: LENAS, GEORGE H
Address: 2799-62ND AVENUE N.
City-St-Zip: ST.PETERSBURG, FL 33702

Title: MGRM ( ) Change (X) Addition
Name: SWEENEY, MICHAEL
Address: 2799-62ND AVENUE N.
City-St-Zip: ST.PETERSBURG, FL 33702

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 SWEENEY MGRM 01/04/2007

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