


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90117 044 \*\*\*\*50.00

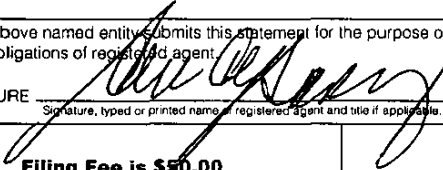
<b>DOCUMENT #</b> L06000049396	
1. Entity Name <b>ANDROS MANAGEMENT PARTNERS, LLC</b>	

Principal Place of Business <b>401 S. INDIAN RIVER DR. FT. PIERCE, FL 34950 US</b>	Mailing Address <b>401 S. INDIAN RIVER DR. FT. PIERCE, FL 34950 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1665 N. Old Dixie Hwy</b>	3. Mailing Address <b>1665 N. Old Dixie Hwy</b>
Suite, Apt. #, etc. <b>Ste. C-6</b>	Suite, Apt. #, etc. <b>Ste. C-6</b>

City & State <b>Jupiter, FL</b>	City & State <b>Jupiter, FL</b>
Zip <b>33409</b>	Zip <b>33409</b>
Country <b>Palm Bch</b>	Country <b>Palm Bch</b>

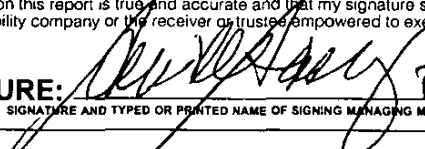
6. Name and Address of Current Registered Agent <b>DE : OSS, JOSEPH J JR. 401 S. INDIAN RIVER DR. FT. PIERCE, FL 34950</b>	7. Name and Address of New Registered Agent Name <b>Robert C. Hackney, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Moyle, Flanigan et al</b> <b>625 N. Flagler Dr - 9th Floor</b> City <b>West Palm Bch</b> FL Zip Code <b>33401</b>
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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.	<b>Robert C. Hackney</b> (NOTE: Registered Agent signature required when reinstating)	<b>3/23/07</b> DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>Rick McKenna</b>		NAME <b>[Redacted]</b>	
STREET ADDRESS <b>1665 N. Old Dixie Hwy C-6</b>		STREET ADDRESS <b>[Redacted]</b>	
CITY-ST-ZIP <b>Jupiter, FL 33409</b>		CITY-ST-ZIP <b>[Redacted]</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>John Rosendale</b>		NAME <b>[Redacted]</b>	
STREET ADDRESS <b>1665 N. Old Dixie Hwy C-6</b>		STREET ADDRESS <b>[Redacted]</b>	
CITY-ST-ZIP <b>Jupiter, FL 33409</b>		CITY-ST-ZIP <b>[Redacted]</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>Robert C. Hackney</b>	<b>3/27/07</b> Date	<b>561-976-8600</b> Daytime Phone #
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