

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90023 003 ****50.00

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04022007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000049587					
1. Entity Name TWO FORTY-ONE PARTNERS, LLC					
Principal Place of Business 1512 E. BROWARD BOULEVARD #100-A FORT LAUDERDALE, FL 33301			Mailing Address 1512 E. BROWARD BOULEVARD #100-A FORT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box # 241 Commercial Blvd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 241 Commercial Blvd <small>Suite, Apt. #, etc.</small>			
City & State Lauderdale-By-The-Sea FL <small>Zip Country</small> 33308 USA		City & State Lauderdale-By-The-Sea FL <small>Zip Country</small> 33308 USA		4. FEI Number 20-4878735 <small>Applied For</small> <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FLYNN, JAY M 1512 E. BROWARD BOULEVARD #100-A FORT LAUDERDALE, FL 33301	
7. Name and Address of New Registered Agent Name: FLYNN, Jay M Street Address (P.O. Box Number is Not Acceptable): c/o Flynn Engineering Services P.A. 241 Commercial Blvd City: Lauderdale-By-The-Sea FL Zip Code: 33308				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: <i>Jay M Flynn</i> Jay M. Flynn DATE: 4-2-07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jay M Flynn</i> Jay M. Flynn 4-2-07 954 522-1004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					