2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L06000050287

Entity Name: PAHOKEE PARTNERSHIP, LLC

Current Principal Place of Business:

1200 NW 17TH AVE SUITE 3
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1200 NW 17TH AVE SUITE 3
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-4933422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUMIN, EDWARD R ESQ
2755 E OAKLAND PARK BLVD SUITE 304
FORT LAUDERDALE, FL 33306 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:	MGR	( ) Delete
Name:	SADLER, WILLIAM T JR	
Address:	1200 NW 17TH AVE SUITE 3	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	MGRM	( ) Delete
Name:	SHEEHAN, JIM	
Address:	190 N LAKE AVE	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	MGRM	( ) Delete
Name:	SPRAGUE, JOHN	
Address:	190 N LAKE AVE	
City-St-Zip:	PAHOKEE, FL 33476	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM SADLER MGR 01/14/2008

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