

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051129

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: NCWY PARTNERSHIP, "LLC"

**Current Principal Place of Business:**

4943 BAY WAY DRIVE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4943 BAY WAY DRIVE  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 59-2977317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAUER, JOSEPH J III  
909 GUI SANDO DE AVILA  
TAMPA, FL 33613 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: CLAUER, JOSEPH J III  
Address: 909 GUI SANDO DE AVILA  
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM ( ) Delete  
Name: NEWKIRK, THOMAS R  
Address: 4943 BAY WAY DRIVE  
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete  
Name: WHITE, ROBERT R  
Address: 1311 FORESTEDGE BLVD.  
City-St-Zip: OLDSMAR, FL 34677 US

**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 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: THOMAS NEWKIRK

MGR

04/11/2007

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