

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000052842

1. Entity Name
 POSITIVE PARTNERS, LLC



Principal Place of Business
 3050 KEVLYN COURT
 SAFETY HARBOR, FL 34695

Mailing Address
 3050 KEVLYN COURT
 SAFETY HARBOR, FL 34695



04092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, THOMAS G
 3050 KEVLYN COURT
 SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

00000890903

04/23/08-80004-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, THOMAS G 3050 KEVLYN COURT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPERGOLA, THOMAS J 3050 KEVLYN COURT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SORENSEN, JUDITH R 3050 KEVLYN COURT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, MICHAEL W 3050 KEVLYN COURT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNS, DAVID A 3050 KEVLYN COURT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____

4/19/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #