

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90033 015 \*\*\*\*50.00

**DOCUMENT # L06000057211**

1. Entity Name  
**FORTY SEVEN PARTNERS, LLC**



Principal Place of Business  
**2806 US HIGHWAY 90 WEST SUITE 101  
LAKE CITY, FL 32055**

Mailing Address  
**2806 US HIGHWAY 90 WEST SUITE 101  
LAKE CITY, FL 32055**

40070216



2. Principal Place of Business - No P.O. Box #

**164 NW MADISON ST**

3. Mailing Address

**PO Box 3659**

Suite, Apt. #, etc.

**SUITE 102**

Suite, Apt. #, etc.

City & State

**LAKE CITY FL**

City & State

**LAKE CITY FL**

Zip

**32055**

Country

**USA**

Zip

**32056**

Country

**USA**

04012007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**20-5015443**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CRAPPS, DANIEL  
2806 US HIGHWAY 90 WEST SUITE 401  
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**164 NW MADISON ST**

**SUITE 102**

City

**LAKE CITY**

FL

Zip Code

**32055**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CRAPPS, DANIEL**  
STREET ADDRESS **2806 US HIGHWAY 90 WEST SUITE 401**  
CITY-ST-ZIP **LAKE CITY, FL 32055** **PO Box 3659**  
**32056**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

**DANIEL CRAPPS MANAGER 4/2/07**

**386-  
755-5110**