


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000061890 1. Entity Name OFFICE PARTNERS AT TRADITIONS, LLC		
Principal Place of Business 2442 METROCENTRE BOULEVARD WEST PALM BEACH, FL 33407-3105	Mailing Address 2442 METROCENTRE BOULEVARD WEST PALM BEACH, FL 33407-3105	



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5116937

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN II
1645 PALM BEACH LAKES BOULEVARD SUITE 1200
WEST PALM BEACH, FL 33401

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCINTOSH, ROBERT A
STREET ADDRESS	2442 METROCENTRE BOULEVARD
CITY- ST- ZIP	WEST PALM BEACH, FL 334073105
TITLE	MGRM
NAME	COWIE, PETER V
STREET ADDRESS	2442 METROCENTRE BOULEVARD
CITY- ST- ZIP	WEST PALM BEACH, FL 334073105
TITLE	MGRM
NAME	GIBSON, THOMAS R
STREET ADDRESS	2442 METROCENTRE BOULEVARD
CITY- ST- ZIP	WEST PALM BEACH, FL 334073105
TITLE	MGRM
NAME	BRAY, NATHANIEL J
STREET ADDRESS	2442 METROCENTRE BOULEVARD
CITY- ST- ZIP	WEST PALM BEACH, FL 334073105
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000892032
04/23/08-80049-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/08