## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000062761

ST. PETERSBURG, FL 33715

City-St-Zip:

Entity Name: 714 PARTNERS, LLC

FILED May 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2113 CLUSTER BRANCH COURT LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 2113 CLUSTER BRANCH COURT LONGWOOD, FL 32779 FEI Number: 11-3783521 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTSON, SCOT C 2113 CLUSTER BRANCH COURT LONGWOOD, FL 32779 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROBERTSON, SCOT C Name: Name: 2113 CLUSTER BRANCH COURT Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SIPE, DONOVAN M Name: Name: Address: 19441 SURF DRIVE Address: City-St-Zip: HUNTINGTON BEACH, CA 92648 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TOOMIRE, JEFFREY D Name: Name: 23422 MILL CREEK DR. SUITE 205 Address: Address: City-St-Zip: LAGUNA HILLS, CA 92653 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: HOWFIELD, IAN Name: 2851 ELK CANYON CT. Address: Address: City-St-Zip: LAS VEGAS, NV 89101 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition GUEST, MARK Name: Name: 20 SALT SPRAY Address: Address: City-St-Zip: LAGUNA NIGUEL, CA 92677 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition MILLER, J. DAVID Name: Name: Address: 4961 62ND AVE SOUTH Address:

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.

City-St-Zip:

SIGNATURE: SCOT C. ROBERTSON CFO 05/04/2007