

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90152 047 ****50.00

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02142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000095267 1. Entity Name DEBARY BUSINESS CENTRE PARTNERS,LLC					
Principal Place of Business 2009 LONGWOOD LAKE MARY RD. SUITE1015 LONGWOOD,, FL 32750 US			Mailing Address 2009 LONGWOOD LAKE MARY RD. SUITE1015 LONGWOOD,, FL 32750 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 68-0636412	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MUNIZZI, LEE 2009 LONGWOOD LAKE MARY RD. SUITE 1015 LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNIZZI, LEE 2009 LONGWOOD LAKE MARY RD. #1015 LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DERNOVSKIY, ALEX 2009 LONGWOOD LAKE MARY RD. LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMOCHINE, EUGEUNI 2009 LONGWOOD LAKE MARY RD LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEFIMOV, DIMITRIY 2009 LONGWOOD LAKE MARY RD LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Lee Munizzi, MGRM 4/6/07 407-771-4442 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		