2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# L06000104087

Entity Name: VAN DYKE PARTNERS, LLC

Current Principal Place of Business:

4913 VAN DYKE ROAD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

4913 VAN DYKE ROAD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-5872707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOYNOVICH, MICHAEL J SR
21041 LAKE TALIA BLVD.
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	VOYNOVICH, MICHAEL J SR	
Address:	21041 LAKE TALIA BLVD.	
City-St-Zip:	LAND O LAKES, FL 34638	
Title:	MGRM	( ) Delete
Name:	CARDUCCI, MICHELE	
Address:	1381 RIBOLLA ROAD	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	MGRM	(X) Delete
Name:	FOSTER, SCOTT	
Address:	3519 BARNWEILL STREET	
City-St-Zip:	LAND O LAKES, FL 34638	
Title:	MGRM	( ) Delete
Name:	LYNN, LORI	
Address:	21041 LAKE TALIA BLVD.	
City-St-Zip:	LAND O LAKES, FL 34638	
Title:	MGRM	( ) Delete
Name:	CHAD, SNYDER	
Address:	14926 DEVONSHIRE WOODS PLACE	
City-St-Zip:	TAMPA, FL 33624	
Title:	MGRM	( ) Delete
Name:	HOWARD, MAYORGA	
Address:	20415 SULTANA COURT	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: LORI LYNN MGRM 04/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date