

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114656

FILED
May 07, 2007
Secretary of State

Entity Name: MARBELLA POINTE PHASE I LP PARTNERS, L.L.C.

Current Principal Place of Business:

329 NORTH PARK AVE., SUITE 300
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

329 NORTH PARK AVE., SUITE 300
WINTER PARK, FL 32789

New Mailing Address:

P.O. BOX 4961
ORLANDO, FL 32802

FEI Number: **FEI Number Applied For (X)** **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:

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 NORTH ORANGE AVE., SUITE 1400
ORLANDO, FL 32801 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: MGR () Delete
Name: MISSIGMAN, PAUL M
Address: 329 NORTH PARK AVE., SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: CULP, W. SCOTT
Address: 329 NORTH PARK AVE., SUITE 300
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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: PAUL M. MISSIGMAN

MGR

05/07/2007

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