## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT # L06000114881



FILED Feb 16, 2007 8:00 am Secretary of State 02-16-2007 90180 030 \*\*\*\*50.00

1. Entity Name 6800 PARTNERS LLC							02-10-2007 90	3100 02	50 · · · · 50.	
Principal Place of Business 6800 BROKEN SOUND PARKWAY, SUITE 200 BOCA RATON, FL 33487			Mailing Address 6800 BROKEN SOUND PARKWAY, SUITE 200 BOCA RATON, FL 33487		60016021					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State		4. FEI Numb	per		<del>`</del>	pplied For ot Applicable	
Zip	Zip Country		Zip Country		5. Certificate	e of Status Desired		\$5.00 Add	fitional	
	6. Name	and Address of Current F			7. Name and Address of New Registered Agent					
BELL, MARC H					Name					
6800 BROKEN SOUND PARKWAY, SUITE BOCA RATON, FL 33487			E 200		Street Address	s (P.O. Box Numb	per is Not Acceptable	)		
	1				City			Fl	Zip Cod	ė
	named entit ions of regis		the purpose of changing its	register	ed office or regis	tered agent, or bo	oth, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	d or printed name of registered agent as	nd title il applicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2007										
	ue by Ma						i		payable to nent of State	e
			IS/MANAGERS	10.			i	Departr	nent of State	<b>e</b>
9. TITLE	MGR	y 1, 2007  MANAGING MEMBER	RS/MANAGERS	TITU			Florida	Departr	nent of State	<b>e</b> ☐ Addition
9.	MGR BELL, MA	y 1, 2007  MANAGING MEMBER	☐ Delete	TITLI NAM STRE			Florida	Departr	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR BELL, MA	MANAGING MEMBER  ARC H  OKEN SOUND PARKWA	☐ Delete	TITU NAM STRE CITY TITU	EET ADDRESS -ST-ZIP		Florida	Departr	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, MA	MANAGING MEMBER  ARC H  OKEN SOUND PARKWA	□ Delete	TITU NAM STRE CITY TITU NAM	EET ADDRESS -ST-ZIP		Florida	Departr	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR BELL, MA	MANAGING MEMBER  ARC H  OKEN SOUND PARKWA	□ Delete	TITU NAM STRE CITY TITU NAM STRE	EET ADDRESS -ST-ZIP E		Florida	Departr	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR BELL, MA	MANAGING MEMBER  ARC H  OKEN SOUND PARKWA	□ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM	EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP E		Florida	Departr	S Change	☐ Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR BELL, MA	MANAGING MEMBER  ARC H  OKEN SOUND PARKWA	□ Delete NY, SUITE 200 □ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI	EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS		Florida	Departr	S Change	Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR BELL, MA	MANAGING MEMBER  ARC H  OKEN SOUND PARKWA	☐ Delete AY, SUITE 200 ☐ Delete ☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	EET ADDRESS -ST-ZIP EET ADDRESS		Florida	Departr	S Change  Change  Change	Addition Addition
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11. I hereby certify that the information supplied with this filling 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, MANAGER, OR AUTHORIZED REPRESENTATIVE