


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000118108 1. Entity Name 1004 PARTNERS, LLC	
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Principal Place of Business 1004 PINETREE DRIVE APT D INDIAN HARBOUR BEACH, FL 32937	Mailing Address 1004 PINETREE DRIVE APT D INDIAN HARBOUR BEACH, FL 32937
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03252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8152975	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MAGNUSSON, MARY-BETH
1004 PINETREE DRIVE APT D
INDIAN HARBOUR BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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 Mary-Beth Magnusson MARY-BETH MAGNUSSON 3-27-08)
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

SEE SIG. BELOW

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGNUSSON, KYLE 14 NEWARK AVE SPRING LAKE, NJ 07762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGNUSSON, TODD 1422 DAVIDSON AVE BRICK, NJ 08724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGNUSSON, DEAN 711 TALL OAKS DRIVE BRICK, NJ 08724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGNUSSON, GLENN 1570 LAUREL COURT MANASQUAN, NJ 08736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGNUSSON, MARY BETH 1004 PINETREE DRIVE APT D INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000874609
04/10/08-80125-015 138.75

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IN THIS SPACE**

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: Mary-Beth Magnusson MARY-BETH MAGNUSSON 3-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #