

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118108

Entity Name: 1004 PARTNERS, LLC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1004 PINETREE DRIVE APT D  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

1004 PINETREE DRIVE APT D  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

453 PEREGRINE DRIVE  
INDIALANTIC, FL 32903

FEI Number: 20-8152975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MAGNUSSON, MARY-BETH  
453 PEREGRINE DRIVE  
INDIALANTIC, FL 32903 US

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:

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAGNUSSON, KYLE  
Address: 14 NEWARK AVE  
City-St-Zip: SPRING LAKE, NJ 07762

Title: MGR  
Name: MAGNUSSON, TODD  
Address: 1422 DAVIDSON AVE  
City-St-Zip: BRICK, NJ 08724

Title: MGR  
Name: MAGNUSSON, DEAN  
Address: 711 TALL OAKS DRIVE  
City-St-Zip: BRICK, NJ 08724

Title: MGR  
Name: MAGNUSSON, GLENN  
Address: 1570 LAUREL COURT  
City-St-Zip: MANASQUAN, NJ 08736

Title: MGR  
Name: MAGNUSSON, MARY BETH  
Address: 453 PEREGRINE DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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: MARY-BETH MAGNUSSON

MS

04/11/2012

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