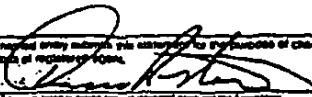
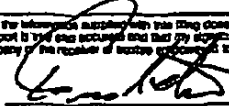


FILED
May 01, 2008 8:00 am
Secretary of State

01-07-2008 90048 029 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

30005441

DOCUMENT # L07000014728			
1. Entity Name MASTERS PARTNERS 1, LLC			
Principal Place of Business 12531 COLLERS RESERVE DRIVE NAPLES, FL 34110		Mailing Address 12531 COLLERS RESERVE DRIVE NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Date, Apr. 1, etc.		Date, Apr. 1, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 31-1814594		5. Certificate of Status Expires ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTERS, DOUGLAS 12531 COLLERS RESERVE DRIVE NAPLES, FL 34110		7. Name and Address of Most Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 further with, and accept the obligations of registered agent.			
SIGNATURE 		Date 1-5-08	
FEE PAID: FEE IS \$150.75 After May 1, 2008 Fee will be \$230.75		Make check payable to Florida Department of State	
9. ADDITIONAL MEMBERS / MANAGERS		10. ADDITIONAL CHANGES	
NAME DOUGLAS MASTERS ☐ Date		NAME ☐ Change ☐ Action	
STREET ADDRESS 12531 COLLERS RESERVE DR		STREET ADDRESS	
CITY-STATE-ZIP NAPLES FL 34110		CITY-STATE-ZIP	
NAME ☐ Date		NAME ☐ Change ☐ Action	
STREET ADDRESS 12531 COLLERS RESERVE DR		STREET ADDRESS	
CITY-STATE-ZIP NAPLES FL 34110		CITY-STATE-ZIP	
NAME ☐ Date		NAME ☐ Change ☐ Action	
STREET ADDRESS 12531 COLLERS RESERVE DR		STREET ADDRESS	
CITY-STATE-ZIP NAPLES FL 34110		CITY-STATE-ZIP	
NAME ☐ Date		NAME ☐ Change ☐ Action	
STREET ADDRESS 12531 COLLERS RESERVE DR		STREET ADDRESS	
CITY-STATE-ZIP NAPLES FL 34110		CITY-STATE-ZIP	
11. I hereby certify that the information submitted 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 register of limited liability company; and that I am a resident of the State of Florida.			
SIGNATURE: 		Date 1-5-08 299-551-8649	

President

Member

Vice Pres