FILED
May 01, 2008 8:00 am
Secretary of State
01-07-2008 90048 029 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000014728

1. Entity Name
MASTERS PARTNERS 1, LLC

30005441

Principal Place of Business
12531 COLLIERS RESERVE DRIVE
NAPLES, FL 34110

Mailing Address
12531 COLLIERS RESERVE DRIVE
NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01042008 Chg-LLC CR2E080 (12/06)

4. FEI Number: 31-1814594 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MASTERS, DOUGLAS
12531 COLLIERS RESERVE DRIVE
NAPLES, FL 34110

7. Name and Address of New 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 familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 1-5-08
Signature, typed or printed name of registered agent and title if applicable. DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: President NAME: DOUGLAS MASTERS STREET ADDRESS: 12531 COLLIERS RESERVE DR CITY-ST-ZIP: NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP: [illegible]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Vice Pres NAME: MARK LAMB STREET ADDRESS: 3705 [illegible] CITY-ST-ZIP: EDGEWATER MD 21037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP: [illegible]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP: [illegible]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1-5-08 239-591-8649
Signature and typed or printed name of signing authorized member, manager, or authorized representative. Date. Daytime Phone #