



FILED  
Jun 30, 2008 8:00 am  
Secretary of State

04-21-2008 90324 008 \*\*\*138.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L07000036050			
1. Entity Name METRO NEW PARTNERS, LLC			
Principal Place of Business 9250 CORKSCREW ROAD SUITE 8 ESTERO, FL 33928 US		Mailing Address 9250 CORKSCREW ROAD SUITE 8 ESTERO, FL 33928 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01082008 Chg-LLC CR2E083 (12/08)	
4. FEI Number 20-806010		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUONGO, TIFFANY 9250 CORKSCREW ROAD SUITE 8 ESTERO, FL 33928		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		139.277.1515	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

ATTACHMENT

300-100-76  
#C07000036050

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000036050  
FILED 8:00 AM  
April 05, 2007  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:  
METRO NEW PARTNERS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
9250 CORKSCREW ROAD  
SUITE 8  
ESTERO, FL. US 33928

The mailing address of the Limited Liability Company is:  
9250 CORKSCREW ROAD  
SUITE 8  
ESTERO, FL. US 33928

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
TIFFANY LUONGO  
9250 CORKSCREW ROAD  
SUITE 8  
ESTERO, FL. 33928

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: TIFFANY LUONGO

Signature of member or an authorized representative of a member

Signature: JAMES D. DATI

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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<b>Detail by Registered Agent Name</b>					
<b>Florida Limited Liability Company</b>					
METRO NEW PARTNERS, LLC					
<b>Filing Information</b>					
Document Number L07000036050					
FEI Number NONE					
Date Filed 04/05/2007					
State FL					
Status ACTIVE					
<b>Principal Address</b>					
9250 CORKSCREW ROAD SUITE 8 ESTERO FL 33928 US					
<b>Mailing Address</b>					
9250 CORKSCREW ROAD SUITE 8 ESTERO FL 33928 US					
<b>Registered Agent Name &amp; Address</b>					
LUONGO, TIFFANY 9250 CORKSCREW ROAD SUITE 8 ESTERO FL 33928 US					
<b>Manager/Member Detail</b>					
Name & Address					
NONE					
<b>Annual Reports</b>					
No Annual Reports Filed					
<b>Document Images</b>					
04/05/2007 -- Florida Limited Liability <a href="#">View image in PDF format</a>					
Note: This is not official record. See documents if question or conflict.					
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Metro New Partners, LLC  
9250 Corkscrew Road  
Suite 8  
Estero, FL 33928  
239.277.1515

Reference #:  
L07000036050

The correct FEIN Number:  
20-8806010

**Tiffany Luongo**  
**Managing Member**  
9250 Corkscrew Road  
Suite 8  
Estero, FL 33928  
239.277.1515

If any other issue on this item, please call 239.277.1515 or [Mary@SelectRE.net](mailto:Mary@SelectRE.net)

Many thanks!

dp.27.06