

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096378

FILED
Feb 18, 2008
Secretary of State

Entity Name: BUSINESS PARTNER OF LUTZ LLC

Current Principal Place of Business:

14729 DAYBREAK DR
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

14729 DAYBREAK DR
LUTZ, FL 33559

New Mailing Address:

FEI Number: 36-4615941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLES, CARL A
14729 DAYBREAK DR
TAMPA, FL 33559 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGEM () Delete
Name: BYRON, PAT
Address: 14729 DAYBREAK DR
City-St-Zip: LUTZ, FL 33559

Title: MGRM () Delete
Name: CAPLES, CARL A
Address: 10202 CONNECHUSETT RD
City-St-Zip: TAMPA, FL 33617

Title: MGRM () Delete
Name: EBANKS, ERICA
Address: 4712 E. POINSETTIA AVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: MGEM (X) Change () Addition
Name: BYRON, PATRICIA
Address: 14729 DAYBREAK DR
City-St-Zip: LUTZ, FL 33559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PATRICIA BYRON

MGEM

02/18/2008

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