

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001640**

1. Entity Name

**M.R. MCTIGUE PARTNERS, LLC**



Principal Place of Business

**1001 EAST LAS OLAS BOULEVARD, SUITE 2  
200  
FORT LAUDERDALE FL 33301**

Mailing Address

**P.O. BOX 030248  
FORT LAUDERDALE FL 33303**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

**65-0998783**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M.R. MCTIGUE & CO  
1001 EAST LAS OLAS BLVD., SUITE 200  
FORT LAUDERDALE FL 33301**

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, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered agent's signature required when registering)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
MCTIGUE, M.R.  
1001 EAST LAS OLAS BLVD., SUITE 200  
FORT LAUDERDALE FL 33301**

☐ Delete

TITLE  
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☐ Change ☐ Addition

**U00000921515  
05/15/08-80010-004 138.75**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** *M.R. Mctigue* **President**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** **M.R. MCTIGUE & Co, manager** **4/14/2008** **954 463 5600**