2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# M03000001842

Entity Name: BINDLEY CAPITAL PARTNERS, LLC

Current Principal Place of Business:

8909 PURDUE ROAD, SUITE 500
INDIANAPOLIS, IN 46268

New Principal Place of Business:

Current Mailing Address:

8909 PURDUE ROAD, SUITE 500
INDIANAPOLIS, IN 46268

New Mailing Address:

FEI Number: 35-2129582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BINDLEY, WILLIAM E
4301 CUTLASS LANE
NAPLES, FL 34102 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:	MGR	( ) Delete
Name:	BINDLEY, WILLIAM E	
Address:	8909 PURDUE ROAD, SUITE 500	
City-St-Zip:	INDIANAPOLIS, IN 46268	
Title:	MGR	( ) Delete
Name:	SHINN, MICHAEL L	
Address:	8909 PURDUE ROAD, SUITE 500	
City-St-Zip:	INDIANAPOLIS, IN 46268	
Title:	MGR	( ) Delete
Name:	SALENTINE, THOMAS J JR	
Address:	8909 PURDUE ROAD, SUITE 500	
City-St-Zip:	INDIANAPOLIS, IN 46268	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MICHAEL L SHINN TREA 01/30/2007

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