

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000003192

1. Entity Name  
SLOANE STREET PARTNERS LLC



Principal Place of Business  
3530 KRAFT RD STE 300  
NAPLES, FL 34105

Mailing Address  
3530 KRAFT RD STE 300  
NAPLES, FL 34105



02122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0218712	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ANTARAMIAN, JACK
STREET ADDRESS	3530 KRAFT RD STE 300
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGR
NAME	PEZESHKAN, FRED
STREET ADDRESS	3520 KRAFT RD
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGR
NAME	EBRAHIMI, ALI
STREET ADDRESS	3530 KRAFT RD STE 300
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VP
NAME	MACIVOR, THOMAS A
STREET ADDRESS	3530 KRAFT RD STE 300
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80135-034 652.50

**DO NOT WRITE  
IN THIS SPACE**

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:

*Thomas A. Macivor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/08

Date

(239) 434-0600

Daytime Phone #