

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003293

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: FLETCHER AMERICAN FAMILY PARTNERS, LLC

**Current Principal Place of Business:**

3352 N SHORE ACRES LOOP  
MONTICELLO, IN 47960

**New Principal Place of Business:**

**Current Mailing Address:**

3352 N SHORE ACRES LOOP  
MONTICELLO, IN 47960

**New Mailing Address:**

FEI Number: 35-2008592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOENDORF, JILL  
509 AZALEA BLOSSOM COURT  
AUBURNDALE, FL 33823 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: FLETCHER, TED  
Address: 3352 N SHORE ACRES LOOP  
City-St-Zip: MONTICELLO, IN 47960

Title: MGR ( ) Delete  
Name: FLETCHER, MARITZA  
Address: 3352 N SHORE ACRES LOOP  
City-St-Zip: MONTICELLO, IN 47960

Title: MGR ( ) Delete  
Name: FLETCHER, ANGE  
Address: 3380 N SHORE ACRES LOOP  
City-St-Zip: MONTICELLO, IN 47960

**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 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: TED FLETCHER

MGR

04/25/2007

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