

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000005428

1. Entity Name
LINDEN PARTNERS FL, LLC



Principal Place of Business
1719 BEACH DRIVE S.E.
ST. PETERSBURG, FL 33701

Mailing Address
1719 BEACH DRIVE S.E.
ST. PETERSBURG, FL 33701

FILED
Jul 11, 2008 08:00 AM
Secretary of State



01142008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
26-0858680

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

**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	COMMUNITY ENTERPRISES, LLC
STREET ADDRESS	2032 ROUTE 213
CITY- ST- ZIP	RIFTON, NY 12471
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000954396
07/11/08-80011-012 538.75

**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: Christoph Meier

July 9, 2008

845-658-8351

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

Date

Daytime Phone #