2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041852

Entity Name: FAR HILLS PARTNERS, LLC

157 14TH STREET, APT. 5L

() Delete

HOBOKEN, NJ 07030

BENNETT, COLIN H

230 E 73RD ST APT 11B

NEW YORK, NY 10021

MGRM

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 157 14TH STREET #5L HOBOKEN, NJ 07030 **Current Mailing Address: New Mailing Address:** 157 14TH STREET #5L HOBOKEN, NJ 07030 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A. HUNT MARCKWALD, JR LAMB, SEAMUS S 2665 SOUTH BAYSHORE DR. SUITE 608 2441 SWANSON AVE MIAMI, FL 33133 US MIAMI, FL 33133 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: SEAMUS LAMB 01/10/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DIEMAR, THOMAS S Name: Name: 179 EAST 79TH STREET Address: Address: City-St-Zip: NEW YORK, NY 10021 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LAMB, SEAN THOMAS Name: Name: Address: 50 PRINCE STREET, PH B Address: City-St-Zip: NEW YORK, NY 10012 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WHITMAN, TAYLOR P Name: Name: Address: 50 PRINCE STREET, PH B Address: City-St-Zip: NEW YORK, NY 10012 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PETER FRANCIS FREEMA, N KISSEL III Name: Address: 1222 ARABELLA STREET Address: City-St-Zip: NEW ORLEANS, LA 70115 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DURLING, CARLTON CHAPIN Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: SEAN T. LAMB MGRM 01/10/2006