

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 Jun 09, 2008 8:00 am
 Secretary of State

05-06-2008 90007 008 ***138.75

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DOCUMENT # L07000013687			
1. Entity Name SOLUTIONS PARTNERS, LLC			
Principal Place of Business 105 MELROSE COURT PONTE VEDRA BEACH, FL 32082		Mailing Address 105 MELROSE COURT PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business - No P.O. Box # <i>566 Browie Blvd</i>		3. Mailing Address <i>same as #2</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Orange Park FL</i>		City & State	
Zip <i>32073</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent SCALLAN, L. JOE 105 MELROSE COURT PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>566 Browie Blvd</i> City <i>Orange Park</i> FL Zip Code <i>32073</i>	
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: <i>L. Joe Scallan</i> L. Joe Scallan DATE: <i>4-28-08</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALLAN, L. JOE 105 MELROSE COURT PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>566 Browie Blvd</i> <i>Orange Park FL 32073</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <i>L. Joe Scallan</i> L. Joe Scallan		Date: <i>4/28/08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Day/Mo/Yr</small>	