## \* 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 19, 2005 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT			11111 12, 2008 00:00 1
1. Entity Nam	MENT # L0000014304 STATION PARTNERS, LLC		Secretary of State
C/O SUNSET 506 S. DIXIE			
C	OO NOT WRITE IN THIS SPA	CE	01192005 No Chg-LLC CR2E083 (10/03)  4. FEI Number Applied For 65-1055604  5. Certificate of Status Desired S5.00 Additional Fee Required
5. Name and Address of Current Registered Agent			
	ALAN J CAYNE BLVD., STE. 301 A, FL 33180		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 reinstaling)  DATE			
Filing Fee is \$50.00 Due by May 1, 2005			000000269358 03/19/05-80009-802 58.00
9. MANAĞINĞ MEMBERS/MANAÇERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUNSET LUTZ, INC. 506 S. DIXIE HWY. HALLANDALE, FL 33009		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	-		DO NOT WRITE
TITLE NAME STREET ADDRESS GITY+ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall beve 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SEMON RIFERRY SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: