2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State
05-03-2005 90015 003 ****50.00

DOCUMENT # L03000054541

1. Entity Name
FPL PARTNERS, LLC

Principal Place of Business	Mailing Address
3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US	3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US

04272005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID, BENNETT L III 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE, #101 HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] 4/27/05 954-925-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT
300095341
L03000054541

SARA DAVID REALTY, INC.
REALTORS
SARA DAVID ***BENNETT DAVID***
ASSOCIATES
ASHLEY DAVID ***JODY DAVID***
DAVID BERMAN ***ELYSE DAVID***
FREDERIC DAVID

3300 N. 29th Ave., Suite 101
HOLLYWOOD, FL 33020
Phone: 954/925-7100
Fax: 954/920-0015
WWW.SARADAVID.COM

June 15, 2005

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Subject: FPL Partners, LLC
Ref No: L03000054541

In reference to your attached letter, please find copy of Application for Employer Id. No. The Federal ID No. for FPL Partners, LLC is 55-0897946.

If you have any questions, please give me a call at 954-925-7100.

Thank you,

Trish Pollack

Trish Pollack
Office Manager

ATTACHMENT

EIN 65-0900549 41
36-0897946

06/09/2005 10:51 9549200015 SARA DAVID REALTY PAGE 02/02

06/03/2005 15:33 9549255872 COVE & SCHWARTZ,CPA PAGE 02/03

FOUND

Form SS-4 Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.

EIN 55-0897946

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested
FPL Partners, LLc 55-0897946

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
3300 N. 29TH Avenue

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Hollywood , FL 33020

5b City, state, and ZIP code

6 County and state where principal business is located
Broward, FL

7a Name of principal officer, general partner, grantor, owner, or trustor
Bennett David

7b SSN, ITIN, or EIN
267-60-5190

8a Type of entity (check only one box)

- [ ] Sole proprietor (SSN) _____
- [ ] Partnership
- [ ] Corporation (enter form number to be filed) _____
- [ ] Personal service corp.
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) _____
- [X] Other (specify) Disregarded Entity
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator (SSN) _____
- [ ] Trust (SSN of grantor) _____
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] REMIC
- [ ] State/local government
- [ ] Federal government/military
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: _____ Foreign country: _____

9 Reason for applying (check only one box)

- [X] Started new business (specify type)
  Land Development
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify)
- [ ] Banking purpose (specify purpose) _____
- [ ] Changed type of organization (specify new type) _____
- [ ] Purchased going business
- [ ] Created a trust (specify type) _____
- [ ] Created a pension plan (specify type) _____

10 Date business started or acquired (month, day, year)
8/1/2005

11 Closing month of accounting year
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural	Household	Other
		0

14 Check one box that best describes the principal activity of your business.

- [ ] Construction
- [ ] Rental & leasing
- [ ] Transportation & warehousing
- [ ] Health care & social assistance
- [ ] Wholesale - agent/broker
- [X] Real estate
- [ ] Manufacturing
- [ ] Finance & insurance
- [ ] Accommodation & food service
- [ ] Wholesale - other
- [ ] Retail
- [ ] Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Land

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . [ ] Yes [ ] No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name _____ Trade name _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name _____ Designee's telephone number (include area code) ( )

Address and ZIP code _____ Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) Bennett David Partner

Applicant's telephone number (include area code) (954) 925-7100

Signature

Date 6/6/2005

Applicant's fax number (include area code) (954) 920-0015

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form SS-4 (Rev. 12-2001)