2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 27, 2006 08:00 AN DOCUMENT # L04000056987 **Secretary of State** BANK STREET PARTNERS, LLC Principal Place of Business Mailing Address 7249 AYRSHIRE LANE 7249 AYRSHIRE LANE BOCA RATON, FL 33496 BOCA RATON, FL 33496 01092008No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1653331 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLIEB, ARNOLD DO NOT WRITE 17591 FOXBOROUGH LANE BOCA RATON, FL 33496 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 Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 3 MGRM TM)E HABER, GEORGE STREET ADDRESS 7249 AYRSHIRE LANE CITY-ST-ZIP BOCA RATON, FL 33496 000000404399 02/06/06-80045-011-50.04 TITLE NAME STREET ADDRESS CITY-ST-21P IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME

11. I hereby certify that the information couplied 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Daytime Phone #

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-7IP

Date