

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057066	
1. Entity Name 1935 PARTNERS, LLC	

Principal Place of Business 3109 59TH AVENUE DRIVE EAST BRADENTON FL 34203	Mailing Address 3109 59TH AVENUE DRIVE EAST BRADENTON FL 34203
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E083 (10/05)
4. FEI Number 20-1443795	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOWMAN, DAVID G JR 2750 RINGLING BLVD., STE. 3 SARASOTA FL 34237
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7. Name and Address of New Registered Agent 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.

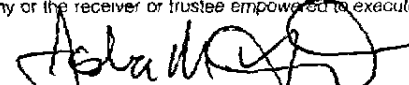
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	TILTON, RUSSELL			NAME			
STREET ADDRESS	P.O. BOX 1868			STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL 34206			CITY - ST - ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	LEUCHTER, JOSHUA M			NAME			
STREET ADDRESS	3109 59TH AVE DR E			STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL 34203			CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
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TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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04/20/06-80007-002 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:  **4/6/06** **941-751-3333**