

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002197

Entity Name: LSN PARTNERS, LLC**Current Principal Place of Business:**801 ARTHUR GODFREY ROAD STE 401
MIAMI BEACH, FL 33140**Current Mailing Address:**801 ARTHUR GODFREY ROAD STE 401
MIAMI BEACH, FL 33140**FEI Number:** 27-1646758**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HECKLER, ALEXANDER P
801 ARTHUR GODFREY ROAD STE 401
MIAMI BEACH, FL 33140 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|---------------------------------|
| Title | MGR |
| Name | HECKLER, ALEXANDER P |
| Address | 801 ARTHUR GODFREY ROAD STE 401 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

| | |
|-----------------|---------------------------------|
| Title | MGR |
| Name | ZIENTZ HECKLER, TIFFANY |
| Address | 801 ARTHUR GODFREY ROAD STE 401 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

| | |
|-----------------|---------------------------------|
| Title | MANAGER |
| Name | LLORENTE, MARCELO |
| Address | 801 ARTHUR GODFREY ROAD STE 401 |
| City-State-Zip: | MIAMI BEACH FL 33140 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIFFANY ZIENTZ HECKLER

MANAGER

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date