


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000010515 1. Entity Name SOUTHPOINT PARTNERS, LLC	
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Principal Place of Business
**6639 SOUTHPOINT PARKWAY, SUITE 106
JACKSONVILLE, FL 32216**

Mailing Address
**6639 SOUTHPOINT PARKWAY, SUITE 106
JACKSONVILLE, FL 32216**



04262006No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3685672

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**LEWIS, MURRAY A
6639 SOUTHPOINT PARKWAY, SUITE 106
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

9. 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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEWIS, MURRAY A
STREET ADDRESS	6639 SOUTHPOINT PARKWAY, SUITE 106
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80056-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____

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

4-25-06 904296-0901

Date

Overtime Phone #