FROM : LAW OFFICES PHONE NO. : 727 461 2433 Apr. 17 2001 10:08AM P2

APPROVED AND FILED

01 MAY -1 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011766

1. Entity Name

L.S. PARTNERS, LLC

Principal Place of Business	Mailing Address
611 Druid Road East, #512 Clearwater, FL 33756	611 Druid Road E., #512 Clearwater, FL 33756

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4510 Gulf Boulevard	9239 Peony Lane North
Suite, Apt. #, etc. #507	Suite, Apt. #, etc.
City & State: St. Petersburg Beach, FL	City & State: Maple Grove, MN
Zip: 33706-2455 Country: USA	Zip: 55311 Country: USA

4. FEI Number: 59-3672760 ☐ 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
SHURDEN, WALTER B., Esq. 611 Druid Road East, Suite #512 Clearwater, FL 33756	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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

000004275060--4
-05/21/01--01193--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Manager NAME: STEVEN A. EHELE, JR. STREET ADDRESS: 9239 Peony Lane North CITY-ST-ZIP: Maple Grove, Minnesota 55311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Manager NAME: LISA ANNE EHELE STREET ADDRESS: 9239 Peony Lane North CITY-ST-ZIP: Maple Grove, Minnesota 55311	☐ 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
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

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 [illegible] report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 04/20/01 (612) 671-4029
Signature of managing member, manager or authorized representative Date Daytime Phone #

APR-17-01 TUE 9:13 AM 727 461 2433 P. 2