
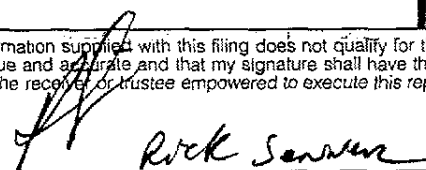


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 A
Secretary of State

DOCUMENT # L00000012148					
1. Entity Name L&S PARTNERS, LLC					
Principal Place of Business 476 SEAWINDS DRIVE SANTA ROSA BEACH FL 32459			Mailing Address 476 SEAWINDS DRIVE SANTA ROSA BEACH FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3698527 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent SENNER, RICK 476 SEAWINDS DRIVE SANTA ROSA BEACH FL 32459			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 reinstalling) DATE _____					
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstalling)		
_____			_____		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			1100000403977 02/06/06-80028-019 50.00		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P	NAME SENNER, RICKEY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 476 SEAWINDS DRIVE	CITY-ST-ZIP SANTA ROSA BEACH FL 32459			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 304 FAIRFIELD AVE.	CITY-ST-ZIP GRETNA LA 70056			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: 			1/20/06 (850) 622-3048		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		