

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010689

FILED
Feb 01, 2008
Secretary of State

Entity Name: WEALTH STRATEGY PARTNERS, L.C.

Current Principal Place of Business:

1800 SECOND STREET
SUITE 758
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1800 2ND STREET
SUITE 758
SARASOTA, FL 34236

New Mailing Address:

1800 SECOND STREET
SUITE 758
SARASOTA, FL 34236

FEI Number: 65-1132032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTHOLTZ, HARVEY DR
1800 2ND STREET
SUITE 758
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALTHOLTZ, ADAM MR
Address: 1800 2ND ST., STE 758
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Delete
Name: ALTHOLTZ, ADAM MR
Address: 1800 2ND STREET - SUITE 758
City-St-Zip: SARASOTA, FL 34240

Title: MGRM (X) Delete
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Title: MGRM (X) Delete
Name: ALTHOLTZ, ADAM MR
Address: 1800 2ND STREET - SUITE 758
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALTHOLTZ, ADAM E MR
Address: 1800 2ND ST., STE 758
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ADAM ALTHOLTZ

MGRM

02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date