

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003313

FILED
Apr 11, 2010
Secretary of State

Entity Name: GINN & COMPANY PARTNERS, LLC

Current Principal Place of Business:

5571 NE 28TH AVENUE
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

5517 NE 31ST AVENUE
FT. LAUDERDALE, FL 33308

Current Mailing Address:

5571 NE 28TH AVENUE
FT. LAUDERDALE, FL 33308

New Mailing Address:

5517 NE 31ST AVENUE
FT. LAUDERDALE, FL 33308

FEI Number: 65-0165229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSK PARTNERS, LLC
5571 NE 28TH AVENUE
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

SSK PARTNERS, LLC
5517 NE 31ST AVENUE
FT. LAUDERDALE, FL 33308 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:

04/11/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GINN, R. CHARLES TRUSTEE
Address: 5517 NE 31ST AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM
Name: C. J. GINN TRUST
Address: 5517 NE 31ST AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM
Name: DOMONKOS, SUSAN J
Address: 5517 NE 31ST AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM
Name: GINN, STEPHEN C TRUSTEE
Address: 5517 NE 31ST AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM
Name: GINN-STEMLER, KATHY A
Address: 5517 NE 31ST AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby 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: STEPHEN C GINN TRUSTEE

MGRM

04/11/2010

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