

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019938

Entity Name: PASSIVE INCOME PARTNERS, L.L.C.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

5715 CORPORATE WAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5715 CORPORATE WAY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 22-3862293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWE, ROBERT W II
5715 CORPORATE WAY
WEST PALM BEACH, FL 33407 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: MGR () Delete
Name: RAW, ROBERT W II
Address: 5715 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR () Delete
Name: PAGE, TIMOTHY J
Address: 5681 CORPORATE WAY STE 2
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

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 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: ROBERT W. RAW, II

MGR

04/25/2006

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