

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90075 007 ****55.00

DOCUMENT # L02000024819

1. Entity Name
FIRST PARTNERS HOLDINGS, LLC



Principal Place of Business
**11300 U.S. HIGHWAY ONE STE. 203
NORTH PALM BEACH, FL 33408**

Mailing Address
**11300 U.S. HIGHWAY ONE STE. 203
NORTH PALM BEACH, FL 33408**



02252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4232682

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, DONALD W
11300 U.S. HIGHWAY ONE STE. 203
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STARFIRE PARTNERS, LTD.
11300 US HWY. ONE, STE. 203
NORTH PALM BEACH, FL 334083208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROYAL BLACKWATCH PARTNERS, LTD.
11300 U.S. HIGHWAY ONE STE. 203
NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

H. Max Fricker, MGRM 4/28/2004 (561) 625-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #