2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE H. Max Fricker, Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 20, 2005 8:00 am Secretary of State

| DOCUMENT # L02000024819 | | | | | 04-20-2005 90033 036 ****55.00 | | | | | |
|---|--|---|-------------------------------|--|---|----------------------|-------------------|-----------------------|--------------|--|
| FIRST PARTNERS HOLDINGS, LLC | | | | | | | | | | |
| | TO RESIDENCE LANGE THAT | Allera America | 1000 | 1100 | | | | | | |
| Principal Place | e of Business | - Coupet a | 14 mg 2 % _ : | 1971 - AZT 198 | ne. | กิรกิสา | ô · · | ~ 145 E 1 | | |
| 11300 U.S. HIGHWAY ONE STE. 203 NORTH PALM BEACH, FL 33408 | | 11300 U.S. HIGHWAY ONE STE. 203 NORTH PALM BEACH, FL 33408 | | | | | 03863 =- | ð | | |
| | | | | | | EZINE MEN EZINE ERIM | ADMI CRITE HOR OF | 10: KRIOT (1010 17) | | |
| Principal Place of Business 2401 PGA Boulevard | | 3. Mailing Address 2401 PGA Boulevard | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03 | 3032005 | Chg-LLC | CR2E0 | 83 (10/03) | | |
| Suite 148 City & State | | Suite 148 City & State | | - 1 | FEI Numbe | | | 1 140 | plied For 1 | |
| Palm Beach Gardens, FL | | Palm Beach Gardens, FL | | | 13-423 | | | 1 | t Applicable | |
| Zip -334 | 410 - CSA' | Zip 33410 Country USA | | | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| MILLED D | ONALD W | | Name | Name | | | | | | |
| MILLER, DONALD W 11300 U.S. HIGHWAY ONE STE. 203 NORTH PALM BEACH, FL 33408 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | 2401 PGA Boulevard, Suite 148 | | | | | | |
| | | | Palm | Palm Beach Gardens FL 33410 | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registere | | | | | | th, in the State of | | | - | |
| the obligat | ings of registered agriful | 10. | | | go, o. o. | | | | | |
| SIGNATURE | fend full | Miller, Do | onald W | | - | 3/28 | | | , | |
| · · · | Signature, typed or afinled name of registered agent a | nd title if applicable. (NOTE: Regis | stered Agent signatur | re required when | reinstating) | | DATE | | | |
| Filing Fee is \$50.00 Make | | | | | | lake check p | avable to | | | |
| Due by May 1, 2005 | | | | | | | rida Departm | | • • | |
| 9. | MANAGING MEMBEI | RS/MANAGERS I | 10. | | | ADDITIO | NS/CHANGES | | | |
| TITLE | MGRM | | TITLE | | | 7.0011101 | 10701741020 | Change | Addition | |
| NAME | STARFIRE PARTNERS, LTD. | | NAME , | | | | | -7A ' | | |
| STREET ADDRESS | 11300 US HWY. ONE, STE. 203 | | arm: a= ma | | | ılevard, | | | | |
| City-St-ZIP | NORTH PALM BEACH, FL 3340 | | | Palm B | each (| Gardens, | FT 334 | | | |
| TITLE NAME | MGRM ROYAL BLACKWATCH PARTNE | | TITLE NAME | | | | | X Change | ☐ Addition | |
| STREET ADDRESS | 11300 U.S. HIGHWAY ONE STE. | • | - | 2401 P | GA Bou | ılevard, | Suite 1 | .48 | | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | | SI-ZIP Palm Beach Gardens, FL 33410 | | | | | | |
| TITLE | | | TITLE | | | | | Change | ☐ Addition | |
| NAME T STREET ADDRESS | | | NAME STREET ADORESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | | | NAME | | | | | | | |
| STREET ADORESS CITY-ST-ZIP | | | STREET ADDRESS City-St-Zip | | | | | | | |
| TITLE | | | TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | | | NAME | | | | | Chenge | | |
| STREET ADORESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | • | | CITY-ST-ZIP | | | · · | | • | | |
| TITLE NAME | | | TITLE NAME | | | | | Change | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | ŀ | |
| CITY-ST-ZIP | <u> </u> | | CITY-ST-ZIP | | | | | | | |
| 11. Thereby | | 1.4 100 | ., | ad in Contina | 440.07(0) | (i) Florida Statut | an I further on | alforate as also a la | dormation | |
| indicated | certify that the information supplied with | this filing does not qualify for the | exemption state | ed in Section | 1 119.07(3)(| (I), FIDHUA SIAIUR | es. i further cei | tily that the in | iionnation | |
| Indicated | certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee | that my signature shall have the s: | ama lanal effer | ahem ti se tr | under eeth | v that larra a ma | naging memb | or or manage | r of the | |

3/28/05

Date

(561) 625-1005

Daytime Phone #