


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90055 021 ****50.00

DOCUMENT # L02000025166		
1. Entity Name 115 PARTNER, LLC		

Principal Place of Business 600 BRICKELL AVENUE SUITE 400 MIAMI, FL 33131	Mailing Address 600 BRICKELL AVENUE SUITE 400 MIAMI, FL 33131
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2. Principal Place of Business 200 S. BISCAYNE BLVD Suite, Apt. #, etc. SUITE 3800 City & State MIAMI, FL Zip 33131 Country USA	3. Mailing Address 200 S. BISCAYNE BLVD Suite, Apt. #, etc. SUITE 3800 City & State MIAMI, FL Zip 33131 Country USA
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01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1848216	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BOULEVARD, SUITE 1000 FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, HENRY B 600 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 S. BISCAYNE BLVD, SUITE 3800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: HENRY B. HOWARD 786 777 0300 x 7103 17 APR 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #