

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032278

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: CORRELATION PARTNERS, LLC

**Current Principal Place of Business:**

1463 COVEY RIDE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

1463 COVEY RIDE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 13-4223521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FROST, GREGORY A  
1463 COVEY RIDE  
TALLAHASSEE, FL 32312 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: MGRM ( ) Delete  
Name: FROST, GREGORY A  
Address: 1463 COVEY RIDE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: LAYSON, HOYT M  
Address: 3052 ENIS GLENN DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

**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: GREGORY A. FROST

MGRM

04/30/2006

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