

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000013134

**FILED**  
**Jan 26, 2006**  
**Secretary of State****Entity Name:** TOMOKA PARTNERS, LLC**Current Principal Place of Business:**7201 NW 11TH PLACE  
GAINESVILLE, FL 32605**New Principal Place of Business:****Current Mailing Address:**PO BOX 147018  
GAINESVILLE, FL 326147018**New Mailing Address:****FEI Number:** 06-1690927**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHIVELY, WILLIAM J  
7201 NW 11TH PLACE  
GAINESVILLE, FL 32605 US**Name and Address of New Registered Agent:**ROWE, SCOTT P  
7201 NW 11TH PLACE  
GAINESVILLE, FL 32605 US

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: SCOTT P. ROWE

01/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** SHIVELY, WILLIAM J  
**Address:** 7201 NW 11TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** TS ( ) Delete  
**Name:** SHEEKEY, BRIAN T  
**Address:** 7201 NW 11TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32605**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: BRIAN T. SHEEKEY

TS

01/26/2006

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