

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90034 001 ****50.00

DOCUMENT # L03000013687

1. Entity Name
TOE RIVER PARTNERS, L.L.C.



Principal Place of Business
**2295 N.W. CORPORATE BLVD., STE. 240
BOCA RATON, FL 33431**

Mailing Address
**2295 N.W. CORPORATE BLVD., STE. 240
BOCA RATON, FL 33431**

600000000



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0778902

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUPO, JACK
2295 N.W. CORPORATE BLVD., STE. 240
BOCA RATON, FL 33431**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LUPO, JACK
STREET ADDRESS	2295 N.W. CORPORATE BLVD., STE. 240
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	HAGMAN, RICHARD
STREET ADDRESS	2295 N.W. CORPORATE BLVD., STE. 240
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	KENT, RON
STREET ADDRESS	2295 N.W. CORPORATE BLVD., STE. 240
CITY- ST- ZIP	BOCA RATON, FL 33431
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 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:

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

Date

Daytime Phone #

1/9/06 561-391-8244