

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90126 039 ****50.00

DOCUMENT # L03000016335

1. Entity Name
 INDEPENDENT PARTNERS GROUP, LLC



Principal Place of Business
 601 CLEVELAND ST.
 SUITE 340
 CLEARWATER, FL 33755

Mailing Address
 601 CLEVELAND ST.
 SUITE 340
 CLEARWATER, FL 33755



2. Principal Place of Business
 2963 GULF-TO-BAY BLVD.

3. Mailing Address
 4185 AMBER LAPE

Suite, Apt. #, etc.
 SUITE 330

Suite, Apt. #, etc.

03192005 Chg-LLC CR2E083 (10/03)

City & State:
 CLEARWATER, FL.

City & State:
 PALM HARBOR, FL.

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip
 33759

Country
 USA

Zip
 34685

Country
 USA

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

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY S
 601 CLEVELAND ST. 4185 AMBER LAPE
 SUITE 340
 CLEARWATER, FL 33755 PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
 4185 AMBER LAPE

City PALM HARBOR, FL Zip Code 34685

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 Tim Kelly PRES/CEO TIMOTHY S. KELLY 3/29/05

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KELLY, TIMOTHY SHEEN 601 CLEVELAND ST - SUITE 340 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4185 AMBER LAPE PALM HARBOR, FL 34685
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tim Kelly TIMOTHY S. KELLY 3/29/05 (727) 656-1212

Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #