

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019270

Entity Name: GS PARTNERS LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

177 LAUREL LANE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

8206 CUTTER PLACE
JACKSONVILLE, FL 32216

Current Mailing Address:

8206 CUTTER PLACE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-1817298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VESPIA, GARY
177 LAUREL LANE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CROPPER, STEVE
8206 CUTTER PLACE
JACKSONVILLE, FL 32216 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: M STEVEN CROPPER

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VESPIA, GARY
Address: 177 LAUREL LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: STEVE, CROPPER
Address: 8206 CUTTER PLACE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CROPPER, STEVE
Address: 8206 CUTTER PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM (X) Change () Addition
Name: BOLLAN, KAREN
Address: 8206 CUTTER PLACE
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify 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: KAREN M BOLLAN

MGRM

04/29/2008

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