2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

1. Entity Nan	MENT # L03000021 PARTNERS, LLC	025		Secretary of State 05-01-2006 90076 016 ****50.00		
1 '	ce of Business IATIONAL PKWY FL 32746	Mailing Address 115 INTERNATIONAL PKW HEATHROW, FL 32746	Υ			
2. Principal F	Place of Business	3. Mailing Address				
719 Rodel Cove		719 Rodel Cove —		I (STRING), BIL BRIED (KILL STRIK ST	ı	
	e •	110001 0070		04262006 Chg-LLC CR2E083 (11/05)		
Lake Mary, FL		Lake Mary, FL		4. FEI Number Applied Fo 80-0113875 Not Applie		
—32746 USA ———		—32746 USA		\$5.00	able	
	R. Name and Address of Comme	Booletoned & cont		S. Certificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
115 INTER	FROM, ROGER W RNATIONAL PKWY DW, FL 32746		Street Addres	ess (P.O. Box Number is Not Acceptable)		
			City	- 17-0-d-		
0 The share	<u>, , , , , , , , , , , , , , , , , , , </u>			FL Zip Code		
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 a	ind title if applicable. (NOTE: Rec	pistered Agent signature req	uired when reinstating) DATE		
	lling Fee Is \$50.00 ue by May 1, 2006			Make check payable to Florida Department of State		
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES		
TITLE NAME	MGR SODERSTROM, ROGER W	C Delete	TITLE NAME	☐ Change ☐ Add	ition	
STREET ADORESS	115 INT'L PKWY		STREET ADDRESS			
CITY-ST-ZIP	HEATHROW, FL 32746		CITY-ST-ZIP			
NAME	WOOD, DELMAS B	☐ Delete	TITLE NAME	☐ Change ☐ Addi	ition	
STREET ADDRESS CITY-ST-ZIP	115 INT'L PKWY HEATHROW, FL 32746		STREET ADDRESS			
TITLE	HEATHKOVV, FL 32/46	☐ Deiete	CITY-ST-ZIP	☐ Change ☐ Addi	iltion.	
NAME		□ Delete	NAME	C compt	ittori	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addi	ition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addi	ition	
NAME Street address		·	NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Add	itlon	
STREET ADDRESS		ļ	STREET ADDRESS		1	
CITY-ST-ZIP	portify that the info	Alaka Alika - da	CITY-ST-ZIP			
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 poceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
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i imited lia	and according to the according to the state	/ /	on as required by Or	4/27/06/ 407) 588-1260		