

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000024687

1. Entity Name  
ROLIE PARTNERS, LLC



Principal Place of Business  
1700 S. MACDILL AVENUE  
SUITE 220  
TAMPA, FL 33629

Mailing Address  
1700 S. MACDILL AVENUE  
SUITE 220  
TAMPA, FL 33629



01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0074241

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MURRAY, JAMES K JR.  
1700 S. MACDILL AVENUE  
SUITE 220  
TAMPA, FL 33629

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHINNSTON ENTERPRISES, LTD. 1700 S. MACDILL AVENUE - STE 220 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAMES K. MURRAY III 1999 IRREVOCABLE TRUST 1700 S. MACDILL AVENUE - STE 220 TAMPA, FL 33629
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1000000308466  
04/15/05-80096-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

2-23-05 813.223.2424