

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90024 004 \*\*\*\*50.00

**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**

**DO NOT WRITE IN THIS SPACE**

02012006No Chg-LLC

CR2E083 (11/05)

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)

**2-14-06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SHINNSTON ENTERPRISES, LTD.
STREET ADDRESS	1700 S. MACDILL AVENUE - STE 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	JAMES K. MURRAY III 1999 IRREVOCABLE TRUST
STREET ADDRESS	1700 S. MACDILL AVENUE - STE 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

**2-14-06**

Date

**813-223-2424**

Daytime Phone #