

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

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

W W W 1 0 0 3 1



02012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0074241	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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	
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TITLE	
NAME	
STREET ADDRESS	
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 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

2-14-06 813-223-2424

Date

Daytime Phone #