




# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90063 026 \*\*\*\*50.00

<b>DOCUMENT # L03000032823</b> 1. Entity Name <b>DERBY STREET PARTNERS, LLC</b>																																	
Principal Place of Business <b>58 HILL TOP LANE ROCKLEDGE FL 32955</b>			Mailing Address <b>58 HILL TOP LANE ROCKLEDGE FL 32955</b>																														
2. Principal Place of Business <b>58 Hill Top Lane</b> Suite, Apt. #, etc. <b>Rockledge</b> City & State <b>FL</b>			3. Mailing Address <b>Same</b> Suite, Apt. #, etc.  City & State  Zip <b>32955</b> Country <b>Brevard</b>																														
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																														
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			MOORE CR2E083 (11/03)																														
6. Name and Address of Current Registered Agent <b>MALONEY, NANCY 58 HILL TOP LANE ROCKLEDGE FL 32955</b>			7. Name and Address of New Registered Agent Name <b>NO New Registered Agent</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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  DATE																																	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td></td> <td><b>Nancy Maloney</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>58 Hill Top Lane</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>Rockledge FL 32955</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete		<b>Nancy Maloney</b>	<input type="checkbox"/>	STREET ADDRESS	<b>58 Hill Top Lane</b>		CITY- ST- ZIP	<b>Rockledge FL 32955</b>		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td></td> <td><b>Principal - LLC</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Single member LLC</b></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition		<b>Principal - LLC</b>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	<b>Single member LLC</b>			CITY- ST- ZIP			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																																	
<b>SIGNATURE:  4.20.04 321-433-3212</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	