

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038688

Entity Name: FVN PARTNERS, LLC

FILED  
Jul 05, 2005  
Secretary of State

**Current Principal Place of Business:**

100 BOWSPRIT DRIVE  
N. PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

100 BOWSPRIT DRIVE  
N. PALM BEACH, FL 33408

**New Mailing Address:**

649 ALABAMA AVENUE  
BREMEN, GA 30110

FEI Number: 72-1572585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NOVAK, FRANK  
100 BOWSPRIT DRIVE  
N. PALM BEACH, FL 33408      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NOVAK, FRANK  
Address: 100 BOWSPRIT DRIVE  
City-St-Zip: N. PALM BEACH, FL 33408

Title: CFO      ( ) Delete  
Name: JONES, CHARLES G  
Address: 649 ALABAMA AVE  
City-St-Zip: BREMEN, GA 30110

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES JONES

CFO

07/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date