
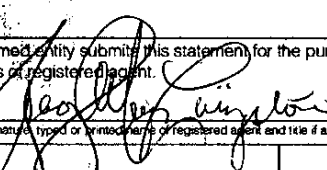
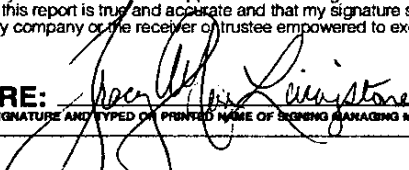


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90021 002 ****50.00

DOCUMENT # L03000043090 1. Entity Name ILM PARTNERS, LLC																													
Principal Place of Business 1814 N.E. 185TH STREET PMB 802 NORTH MIAMI BEACH, FL 33179 US			Mailing Address 1814 N.E. 185TH STREET PMB 802 NORTH MIAMI BEACH, FL 33179 US																										
2. Principal Place of Business 980 SE Indian Street Suite, Apt. #, etc.			3. Mailing Address 980 SE Indian Street Suite, Apt. #, etc.																										
City & State Stuart, FL Zip 34997 Country USA			City & State Stuart, FL Zip 34997 Country USA																										
4. FEI Number 20-0368718			Applied for <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			07042005 Chg-LLC CR2E083 (10/03)																										
6. Name and Address of Current Registered Agent NEWMAN, TRACY 1814 N.E. 185TH STREET PMB 802 NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name Tracy Newman Livingstone Street Address (P.O. Box Number is Not Acceptable) 980 SE Indian Street City Stuart FL Zip Code 34997																										
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 8-22-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEWMAN, TRACY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1814 N.E. 185TH STREET, PMB 802</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI BEACH, FL 33179</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	NEWMAN, TRACY		STREET ADDRESS	1814 N.E. 185TH STREET, PMB 802		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Owner</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Tracy Newman Livingstone</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3341 SE Suntree Place</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Stuart, FL 34997</td> <td></td> </tr> </table>			TITLE	Owner	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Tracy Newman Livingstone		STREET ADDRESS	3341 SE Suntree Place		CITY-ST-ZIP	Stuart, FL 34997	
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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.																													
SIGNATURE:  8-22-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													