2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000043385

PARTISANS, LLC

FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

121 W. UNDERWOOD STREET ORLANDO, FL 32806-1111

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DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC

GR2E083 (11/05)

4. FEI Number 20-0578170

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGRUDER, G. BROCK JR.

DO NOT WRITE

ORLANDO, FL 32806-1111			IN THIS SPACE
8. The above the obligation	named entity submits this statement for the purpose of char tions of registered agent.	oping its registered office or reg	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature n	aquirod when rainstating) DATE
F	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGRUDER, G. BROCK JR 920 S. TROTTERS DRIVE MAITLAND, FL 32751		
TITLE NAME STREET ADDRESS, CITY-ST-ZIP			######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE