04-19-2005 90029 019 ****50.00
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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAY 10 AM 8:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LC 05/10/05

DOCUMENT # L04000008818

1. Entity Name
HERBERT E. PARTIN, SR, LLC

Principal Place of Business	Mailing Address
~~106 WATERSIDE AVE.~~	~~106 WATERSIDE AVE.~~
~~SATSUMA, FL 32189~~	~~SATSUMA, FL 32189~~

03042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3500 Using Road	3500 Using Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Augustine, FL	City & State: St Augustine, FL
Zip: 32084 Country	Zip: 32084 Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARTIN, HERBERT E SR	Name
~~106 WATERSIDE AVE.~~	Street Address (P.O. Box Number is Not Acceptable): 3500 Using Road
~~SATSUMA, FL 32189~~	City: St Augustine FL Zip Code: 32084

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) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PARTIN, HERBERT E SR ~~106 WATERSIDE AVE.~~ ~~SATSUMA, FL 32189~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3500 Using Road St Augustine, FL 32084
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Herbert E Partin Sr. 4/15/05 904 814 4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #