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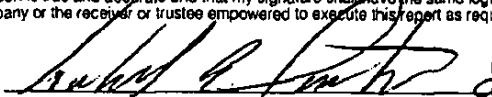
**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

05 MAY 10 AM 8:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LC05/10/05

DOCUMENT # L04000008818			
1. Entity Name HERBERT E. PARTIN, SR, LLC			
Principal Place of Business 106 WATERSIDE AVE. SATSUMA, FL 32189		Mailing Address 106 WATERSIDE AVE. SATSUMA, FL 32189	
2. Principal Place of Business 3500 Using Road Suite, Apt. #, etc.		3. Mailing Address 3500 Using Road Suite, Apt. #, etc.	
City & State St Augustine, FL		City & State St Augustine, FL	
Zip 32084		Zip 32084	
Country		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 PARTIN, HERBERT E SR 106 WATERSIDE AVE SATSUMA, FL 32189		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3500 Using Road 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 _____ (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 3500 Using Road St Augustine, FL 32084 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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:  SR.		4/15/05 904 814 4553	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	