2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019240

Current Principal Place of Business:

Entity Name: DEERING BAY PARTNERS, LLC

FILED Jan 06, 2006 Secretary of State

8600 NW S F STE 101 MIAMI, FL 33				
Current Mailing Address:			New Mailing Address:	
8600 NW S F STE 101 MIAMI, FL 33				
FEI Number: 20	0-0843064	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
THORSEN, 3 8600 NW S F STE 101 MIAMI, FL, F	RIVER DRIVE			
The above na in the State o		ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both
SIGNATURE	: :			
	Electronic	Signature of Registered Age	nt	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Name: 1	THORSEN, JÒHN	Delete NP ER DRIVE STE 101	Title: Name: Address:	() Change () Addition

Title: MGR () Delete BOWERS, JAMES L Name:

MGR

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

340 ISLA DORADA Address: City-St-Zip: CORAL GABLES, FL 33143

MIAMI, FL 33166

MIAMI, FL 33166

() Delete

8600 NW S RIVER DRIVE STE 101

THORSEN, CONSTANCE P

MGRM Title: () Delete BOWERS, DEE Name:

340 ISLA DORADA Address: City-St-Zip: CORAL GABLES, FL 33143 Title: MGR (X) Change () Addition

() Change () Addition

Name: BOWERS, JAMES L

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

13621 DEERING BAY DRIVE, #1403 Address:

City-St-Zip: CORAL GABLES, FL 33158

New Principal Place of Business:

Title: MGRM (X) Change () Addition

Name: BOWERS, DEE

13621 DEERING BAY DRIVE, #1403 Address:

City-St-Zip: CORAL GABLES, FL 33158

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: JOHN PHILLIPS THORSEN **MGRM** 01/06/2006