


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90028 035 \*\*\*\*50.00

<b>DOCUMENT # L04000035228</b> 1. Entity Name <b>POINEER PARTNERS, LLC</b> <i>Pioneer Partners, LLC</i>					
Principal Place of Business <b>248 LEVY RD</b> <b>ATLANTIC BEACH, FL 32233</b>			Mailing Address <b>PO BOX 16718</b> <b>JACKSONVILLE, FL 32245</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01132005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>20-1060333</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FERRANTE, LAURA L</b> <b>436 JACKSONVILLE DRIVE</b> <b>JACKSONVILLE BEACH, FL 32250</b>			7. Name and Address of New Registered Agent Name <b>Laura L. Ferrante</b> Street Address (P.O. Box Number is Not Acceptable) <b>248 Levy Rd</b> City <b>Atlantic Bch</b> <b>FL</b> Zip Code <b>32233</b>		
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 <i>[Signature]</i> DATE <b>1/13/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUES, PETER J 248 LEVY ROAD ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRETT, ROBERT E 248 LEVY ROAD ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRANTE, LAURA L 436 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ferrante, Laura L.</b> <b>248 Levy Rd</b> <b>Atlantic Bch FL 32233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDRICKS, ROBERT H 2207 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>1/13/05</b> Daytime Phone # <b>904 247-8989</b>	

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