
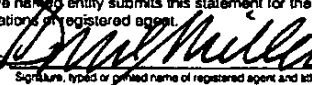



**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90033 037 \*\*\*\*55.00

<b>DOCUMENT # L04000035987</b>			
1. Entity Name <b>FIRST PARTNERS, LLC</b>			
Principal Place of Business 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408		Mailing Address 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business 2401 PGA Boulevard		3. Mailing Address 2401 PGA Boulevard	
Suite, Apt. #, etc. Suite 148		Suite, Apt. #, etc. Suite 148	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip	Country	Zip	Country
4. FEI Number <b>51-0508449</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, DONALD W ESQ. 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408		Name Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard, Suite 148 Palm Beach Gardens FL Zip Code 33410	
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 a registered agent.			
SIGNATURE  Miller, Donald W. Esq.		DATE 3/29/05	
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 FRICKER, H. MAX 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401 PGA Boulevard, Suite 148 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, DONALD W 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401 PGA Boulevard, Suite 148 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	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	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	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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  H. Max Fricker, MGR		DATE 3/29/2005 (561) 625-1005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	