

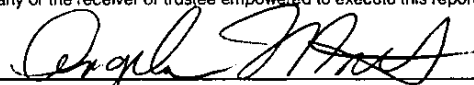


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90595 001 ****55.00

DOCUMENT # L04000048063 1. Entity Name DUNEDIN PARTNERS, LLC					
Principal Place of Business 1901 ULMERTON ROAD, STE. 700 CLEARWATER, FL 33762			Mailing Address 1901 ULMERTON ROAD, STE. 700 CLEARWATER, FL 33762		
2. Principal Place of Business 15950 BAY VISTA DRIVE Suite, Apt. #, etc. SUITE 250 City & State CLEARWATER, FL Zip 33760		3. Mailing Address 15950 BAY VISTA DR Suite, Apt. #, etc. SUITE 250 City & State CLEARWATER, FL Zip 33760			
03042005 Chg-LLC CR2E083 (10/03)		4. FEI Number 20-1298359		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent NORTH, ANGELA F 1901 ULMERTON ROAD, STE. 700 CLEARWATER, FL 33762			
7. Name and Address of New Registered Agent Name NORTH, ANGELA F Street Address (P.O. Box Number is Not Acceptable) 15950 BAY VISTA DRIVE SUITE 250 City CLEARWATER FL Zip Code 33760		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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: 			Date 3-11-05 Daytime Phone # 727-480-5200		