

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 16 AM 10:21

DOCUMENT # L04000063773

1. Entity Name
SOMBRERO BEACH PARTNERS, LLC



Principal Place of Business
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042

Mailing Address
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
13-4286205

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSASCO, PETER
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROSASCO, PETER
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
David Greiner MGRM ☐ Change ☒ Addition
4350 Will Rogers Parkway Suite 350
OKLAHOMA CITY OK 73108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VICKERY, BRIAN K
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100076434961
06/21/06--01040--031 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/26/06 (305) 745-4077