2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067818

Entity Name: EXECUTIVE PARTNER SERVICES, LLC

FILED Apr 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3902 HENDERSON BLVD STE. 201 3001 N. ROCKY POINT DRIVE EAST TAMPA, FL 33629

SUITE 200

TAMPA, FL 33607

ADDITIONS/CHANGES:

City-St-Zip:

Current Mailing Address: New Mailing Address:

3902 HENDERSON BLVD STE. 201 4309 W. ZELAR ST. TAMPA, FL 33629 TAMPA, FL 33629

FEI Number: 05-0608929 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:

VOILAND, THOMAS JAMES 4309 W ZELAR ST. TAMPA, FL 33629

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: (X) Change () Addition () Delete

VOILAND, THOMAS JAMES VOILAND, THOMAS JAMES Name: Name: Address: 3902 HENDERSON BLVD STE. 201 Address: 4309 W. ZELAR ST. TAMPA, FL 33629

City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: VOILAND, LEANNE Name: VOILAND, LEANNE Address: 3902 HENDERSON BLVD STE. 201 Address: 4309 W. ZELAR ST. City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. 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: LEANNE VOILAND 04/02/2006