2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000072271

1. Entity Name
ST. TROPEZ PARTNERS, LLC

Principal Place of Business	Mailing Address
34990 EMERALD COAST PKWY STE. 401 DESTIN, FL 32541	34990 EMERALD COAST PKWY STE. 401 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

01032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1708890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRUSE, CRAIG J
34990 EMERALD COAST PKWY ST. 401
STE. 401
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KRUSE, CRAIG J
STREET ADDRESS	34990 EMERALD COAST PKWY STE. 401
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	KEENER, DON
STREET ADDRESS	150 INDUSTRIAL PARK ROAD #7
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/06-80006-019 50.00

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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: Craig J. Kruse 3/10/06 850 269-121-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #