

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000082832

**FILED**  
**May 04, 2006**  
**Secretary of State**

**Entity Name:** POSITIVE PERFORMANCE PARTNERS, LLC

**Current Principal Place of Business:**

611 S. FORT HARRISON, SUITE 320  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

611 S. FORT HARRISON, SUITE 320  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 20-1891151      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DELP, SUSAN C  
1401 GULF BLVD.  
BELLEAIR BEACH, FL 33786      US

**Name and Address of New Registered Agent:**

DELP, SUSAN C  
516 JASMINE WAY  
CLEARWATER, FL 33756      US

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: \_\_\_\_\_

05/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DELP, SUSAN C  
Address: 1401 GULF BLVD.  
City-St-Zip: BELLEAIR BEACH, FL 33786

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: DELP, SUSAN C  
Address: 516 JASMINE WAY  
City-St-Zip: CLEARWATER, FL 33756

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: SUSAN DELP

MGR

05/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date