

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002840

Entity Name: BS PARTNERS, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

719 BEVILLE ROAD
SOUTH DAYTONA, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 290849
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 20-2131327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, WILLIAM C
719 BEVILLE RD
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

ATLANTIC PSYCHIATRIC
719 BEVILLE RD
SOUTH DAYTONA, FL 32119 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: SHARON WINTERS

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WINTERS, WILLIAM
Address: PO BOX 290849
City-St-Zip: PORT ORANGE, FL 32129 US

Title: MGR () Delete
Name: WINTERS, SHARON
Address: PO BOX 290849
City-St-Zip: PORT ORANGE, FL 32129 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON WINTERS

MGR

04/22/2008

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