


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 23, 2006 8:00 am
Secretary of State

02-09-2006 90151 026 ****50.00

DOCUMENT # L05000007360	
1. Entity Name THE SOUNDINGS PARTNERS, LLC	

Principal Place of Business 20 AVENUE D SUITE 206 APALACHICOLA, FL 32320	Mailing Address POST OFFICE BOX 33 APALACHICOLA, FL 32329
---	---

2. Principal Place of Business 221 Avenue E Suite, Apt. #, etc. Suite B City & State APALACHICOLA, FL Zip 32320	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA
--	--

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2223284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GALLOWAY, CHARLES H 20 AVENUE D SUITE 206 APALACHICOLA, FL 32320
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 221 Avenue E, Suite B City APALACHICOLA FL Zip Code 32320

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOLTON, NEAL 440 COCHRAN DRIVE ATLANTA, GA 30327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOWAY, CHARLES H. 20 AVENUE D, SUITE 206 APALACHICOLA, FL 32320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	221 Avenue E, Suite B APALACHICOLA, FL 32320 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles H. Galloway 2-6-06 850-653-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30000937

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

THE SOUNDINGS PARTNERS, LLC
POST OFFICE BOX 33
APALACHICOLA, FL 32329

Subject: THE SOUNDINGS PARTNERS, LLC

Reference Number:

L05000007360

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

Thanks
OK, Done,
CHG