
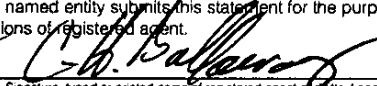
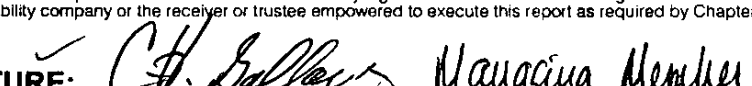


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90208 025 \*\*\*\*50.00

<b>DOCUMENT # L05000007360</b> 1. Entity Name <b>THE SOUNDINGS PARTNERS, LLC</b>					
Principal Place of Business <b>221 AVE E SUITE B APALACHICOLA, FL 32320</b>			Mailing Address <b>POST OFFICE BOX 33 APALACHICOLA, FL 32329</b>		
2. Principal Place of Business - No P.O. Box # <b>1560 Peachtree Rd</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>APALACHICOLA, FL</b>		City & State City, Apt. #, etc.		4. FEI Number <b>20-2223284</b>	
Zip <b>32320</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GALLOWAY, CHARLES H 221 AVE E SUITE B APALACHICOLA, FL 32320</b>			7. Name and Address of New Registered Agent Name <b>Galloway, Charles H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1560 Peachtree Rd.</b> City <b>APALACHICOLA</b> FL <b>32320</b>		
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 <b>3-11-07</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	MGR GALLOWAY, CHARLES H 221 AVE E SUITE B APALACHICOLA, FL 32320	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  Managing Member				Date <b>3-11-07</b> 850-688-3500	