

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000007360

1. Entity Name

THE SOUNDINGS PARTNERS, LLC



Principal Place of Business

1560 PEACHTREE RD
APALACHICOLA, FL 32320

Mailing Address

POST OFFICE BOX 33
APALACHICOLA, FL 32329



01242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2223284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, CHARLES H
1560 PEACHTREE RD
APALACHICOLA, FL 32320

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000904024

04/30/08-80069-005 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BOLTON, NEAL
STREET ADDRESS 440 COCHRAN DRIVE
CITY-ST-ZIP ATLANTA, GA 30327

TITLE MGR
NAME GALLOWAY, CHARLES H
STREET ADDRESS 1560 PEACHTREE RD
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE
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IN THIS SPACE**

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* Charles H. Galloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-15-08

Date

850-653-3505

Daytime Phone #