

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

04-25-2006 90016 039 ****50.00

DOCUMENT # L05000076196 1. Entity Name TAHOE PARTNERS L.L.C.																																																																																																					
Principal Place of Business 141 N.W. 20TH STREET SUITE B-1 BOCA RATON, FL 33431			Mailing Address 141 N.W. 20TH STREET SUITE B-1 BOCA RATON, FL 33431																																																																																																		
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City & State		City & State																																																																																																			
Zip	Country	Zip	Country																																																																																																		
6. Name and Address of Current Registered Agent SIMON, STEVEN R ESQ ONE S.E. 3RD AVE, SUITE 2110 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																																		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/22/06 <small>(NOTE: Registered Agent signature required when registering)</small>																																																																																																			
FILING Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>WEISSBLATT, HENRY J</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>141 N.W. 20TH STREET SUITE B-1 BOCA RATON, FL 33431</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	WEISSBLATT, HENRY J		STREET ADDRESS			CITY - ST - ZIP	141 N.W. 20TH STREET SUITE B-1 BOCA RATON, FL 33431		CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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: <small>Signature, typed or printed name of signing managing member, manager, or authorized representative</small>		DATE 6/14/06 ID-368-5221 <small>Daytime Phone #</small>																																																																																																			

44

- 30010559



01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4849179** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

ATTACHMENT

DOCUMENT # L02000019763

1. Entity Name
JORDAN PARTNERS, LLC



Principal Office Address
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

Mailing Address
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

30010559

DO NOT WRITE IN THIS SPACE

01192008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

**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 re-appointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GIFFIN, WENDY S
360 CENTRAL AVENUE, #1650
SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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SIGNATURE:

Wendy S. Giffin
MGR

5/11/06

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

Date

Daytime Phone #

ATTACHMENT

30010559
LO2000019763

BRONSTEIN, CARLSON, GLEIM & SMITH, P.A.

Joel D. Bronstein
Board Certified in Tax Law

Susan W. Carlson
Board Certified in Tax Law

Holger D. Gleim
Board Certified in Wills, Trusts & Estates

Thomas B. Smith
Board Certified in Health Law

Suite 1100
150 Second Avenue North
St. Petersburg, Florida 33701-3355

(727) 898-6688
Fax (727) 898-8811

Writer's E-Mail Address:
jbronstein@bcgs-law.com

Refer to File No.

20021058

Writer's Direct Dial No.

(727) 898-6691

May 8, 2006

Ms. Wendy S. Giffin
360 Central Avenue, Suite 1650
St. Petersburg, FL 33701

Re: Jordan Partners, LLC

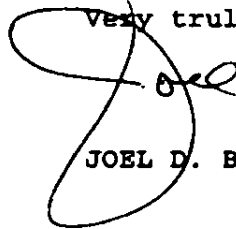
Dear Wendy:

Enclosed find a copy of a letter from the Florida Department of State returning the Jordan Partners, LLC Annual Report because it was not properly executed.

Please date and sign the enclosed Annual Report at Number 11 and return the Report to the Florida Department of State at P.O. Box 6478, Tallahassee, Florida 32314. This Report must be filed by June 3, 2006 or a penalty fee will be added.

If you have any questions, please do not hesitate to contact my office.

Very truly yours,



JOEL D. BRONSTEIN

JDB/dmg

Enclosures

cc: Steve Grant, w/enclosure

190315.1



ATTACHMENT
30010559
L02000019763

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2006

JORDAN PARTNERS, LLC
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

Subject: JORDAN PARTNERS, LLC

Reference Number: L02000019763

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):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

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.

/dm

ANNUAL REPORTS SECTION

6/14/06 We are returning the attached Annual Report per your request.