

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105278

Entity Name: R.B.S. PARTNERS, LLC

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

114 AMBERJACK DRIVE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

114 AMBERJACK DRIVE
FORT WALTON BEACH, FL 32548

New Mailing Address:

16 FERRY RD SE
FORT WALTON BEACH, FL 32548

FEI Number: 20-3738318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEHMAN, CHRIS
77 SUNRISE DRIVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REINHOLD, JOHN WILLIAM
Address: 530 DOLPHIN AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: BILGER, DANIEL
Address: 715 JUPITER DRIVE
City-St-Zip: DESTIN, FL 32548

Title: MGRM () Delete
Name: SEHMAN, CHRIS
Address: 77 SUNRISE DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BILGER, DANIEL
Address: 781 BAYOU DR
City-St-Zip: DESTIN, FL 32541

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: CHRIS SEHMAN

MGRM

04/16/2008

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