2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007
Secretary of State

DOCUMENT# L06000015183

Entity Name: SHOSHONE PARTNERS LLC

Current Principal Place of Business:

5064 SHOSHONE DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

16631 VALLEY DRIVE
TAMPA, FL 33618

New Mailing Address:

10466 HEATHERWOOD DRIVE
PENSACOLA, FL 32506

FEI Number: 20-4284677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, SARA E
10466 HEATHERWOOD DRIVE
PENSACOLA, FL 32506 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:	MORRIS, SARA E	
Address:	10466 HEATHERWOOD DRIVE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	MGRM	( ) Delete
Name:	JAMES, PATRICIA	
Address:	5064 SHOSHONE DRIVE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	MGRM	( ) Delete
Name:	ELLIS, WAYNE L	
Address:	16631 VALLEY DRIVE	
City-St-Zip:	TAMPA, FL 33618	
Title:	MGRM	( ) Delete
Name:	ELLIS, DAVID T	
Address:	17 BLOOMDALE DRIVE	
City-St-Zip:	IRVINE, CA 92614	
Title:	MGRM	( ) Delete
Name:	ELLIS, JOHN M	
Address:	1553 NEWLANDS AVENUE	
City-St-Zip:	BURLINGAME, CA 94010	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SARA MORRIS MGRM 01/31/2007

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