

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015183

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: SHOSHONE PARTNERS LLC

**Current Principal Place of Business:**

5064 SHOSHONE DRIVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

10466 HEATHERWOOD DRIVE  
PENSACOLA, FL 32506

**New Mailing Address:**

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 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 E. MORRIS

MGRM

01/28/2008

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