

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077073

FILED  
Apr 07, 2008  
Secretary of State

**Entity Name:** TRUSTED PARTNER MERCHANT SERVICES, LLC

**Current Principal Place of Business:**

215 SOUTH OLIVE AVE. STE 200  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

307 EVERNIA STREET  
SUITE 300  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

215 SOUTH OLIVE AVE. STE 200  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

307 EVERNIA STREET  
SUITE 300  
WEST PALM BEACH, FL 33401

**FEI Number:** 20-5334980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 S. FLAGLER DRIVE STE 1100  
WEST PALM BEACH, FL 33401 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: MGR ( ) Delete  
Name: WILLIAMS, ALBERT C  
Address: 230 CARAVELLE DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: MGR ( ) Delete  
Name: LAMBERT, MONTE E  
Address: 10312 IBIS RESERVE CIR.  
City-St-Zip: PALM BEACH, FL 33412

**ADDITIONS/CHANGES:**

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: ALBERT C WILLIAMS

MGR

04/07/2008

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