
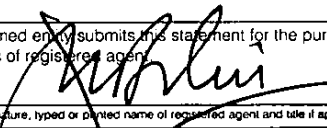
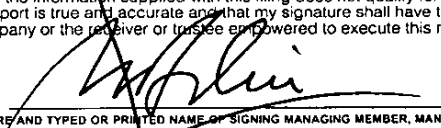


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

★

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 19 AM 11:08

DOCUMENT # L07000015537 1. Entity Name TINSELTOWN PARTNERS, LLC					
Principal Place of Business 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308			Mailing Address 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box # 6100 Kennerly Rd. Suite, Apt. #, etc.		3. Mailing Address 6100 Kennerly Rd #101 Suite, Apt. #, etc. #101			
City & State JACKSONVILLE FL.		City & State Jacksonville FL.		4. FEI Number 20-8430753	
Zip 32216		Country DVVA1		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUFF, JANICE T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Georges EL Bahri Street Address (P.O. Box Number is Not Acceptable) 6100 Kennerly Rd. #101 City Jacksonville FL Zip Code 32216		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # _____	



09122008 Chg-LLC CR2E083 (12/06)

Georges EL Bahri
6100 Kennerly Rd. #101
Jacksonville FL 32216

000136268580
09/23/08-01048-004 **138.75

