2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L08000024363

Entity Name: SOUTH SHORE PARTNERS, LLC

Current Principal Place of Business:

2920 MARY'S WAY
WEST PALM BEACH, FL 33410

New Principal Place of Business:

12230 FOREST HILL BLVD.
SUITE 101 ATTN: WILLIAM WRIGHT
WELLINGTON, FL 33414

Current Mailing Address:

2920 MARY'S WAY
WEST PALM BEACH, FL 33410

New Mailing Address:

12230 FOREST HILL BLVD.
SUITE 101 ATTN: WILLIAM WRIGHT
WELLINGTON, FL 33414

FEI Number: 26-2644083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMBY, LOUIS L III
340 ROYAL POINCIANA PLAZA
SUITE 321
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

WRIGHT, WILLIAM E
13500 CHELMSFORD ST.
WELLINGTON, FL 33414 US

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: WILLIAM E. WRIGHT 04/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: WRIGHT, WILLIAM E
Address: 13500 CHELMSFORD ST.
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Change (X) Addition
Name: ELLIOTT, RICHARD C
Address: 2920 MARY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33410

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: RICHARD C. ELLIOTT MGRM 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date