2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L98000000625

Entity Name: STP PARTNERS, L.L.C.

Current Principal Place of Business:

3948 3RD ST. S
STE 390
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

3948 3RD ST. S
STE 390
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3512310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POLISNER, RICHARD
335 N. ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	POLSNER, RICHARD I D.P.M.	
Address:	335 N. ROSCOE BLVD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	MGRM	( ) Delete
Name:	SHIRLEY, PAUL D	
Address:	1887 EPPING FOREST WAY SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	MGRM	( ) Delete
Name:	TARBART, WILLIAM	
Address:	30 SEAWINDS LANE EAST	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 POLISNER DR 04/11/2005

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