2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000001570

1. Entity Name
FACILITY PARTNERS LLC

Principal Place of Business	Mailing Address
387 DEER POINTE CIRCLE CASSELBERRY, FL 32707	P.O. BOX 196125 WINTER SPRINGS, FL 32719-6125

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3543701	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SELBY, DALLAS L
387 DEER POINTE CIRCLE
CASSELBERRY, FL 32707

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SELBY, DALLAS
STREET ADDRESS	387 DEER POINTE CIRCLE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #