


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**


04-28-2006 90034 049 \*\*\*\*50.00

<b>DOCUMENT # L99000002170</b> 1. Entity Name <b>MENKE PARTNERSHIPS, LLC</b>	
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Principal Place of Business <b>1515 RINGLING BLVD STE 880 SARASOTA, FL 34236</b>	Mailing Address <b>1515 RINGLING BLVD STE 880 SARASOTA, FL 34236</b>
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**DO NOT WRITE IN THIS SPACE**

**20039019**



04262006 No Chg-LLC CR2E083 (11/05)

4. FE# Number <b>65-0911257</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MENKE, FRANK III 1515 RINGLING BLVD STE 880 SARASOTA, FL 34236</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENKE III, FRANK CEO 1515 RINGLING BLVD STE 880 SARASOTA, FL 34236
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**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #