2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L99000002879

Entity Name: TORSAD PARTNERS, LLC

Current Principal Place of Business:

SHUTTS & BOWEN LLP C/O GR
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

SHUTTS & BOWEN LLP C/O GR
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI, FL 33131

New Mailing Address:

FEI Number: 58-2486219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BOULEVARD
1600 MIAMI CENTER STE 1600(GR)
MIAMI, FL 33131 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/MANAGERS:

Title: MGR ( ) Delete
Name: BELHUMEUR, WILLIAM D
Address: 11 VICKSBURG ST
City-St-Zip: SAN FRANCISCO, CA 94114

Title: MGR ( ) Delete
Name: HAMLYN, STUART F
Address: 777 EAST ATLANTIC AVE., SUITE Z, NO. 258
City-St-Zip: DELRAY BEACH, FL 33483 53

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HAMLYN, STUART F
Address: 777 EAST ATLANTIC AVE., SUITE Z, NO. 258
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM D BELHUMEUR MGR 04/26/2006

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