

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000002879

1. Entity Name  
 TORSAD PARTNERS, LLC



Principal Place of Business SHUTTS & BOWEN LLP C/O GR 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI, FL 33131	Mailing Address SHUTTS & BOWEN LLP C/O GR 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



02212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-2486219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELHUMEUR, WILLIAM D 11 VICKSBURG ST SAN FRANCISCO, CA 94114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMLYN, STUART F 777 EAST ATLANTIC AVE., SUITE Z, NO. 258 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000840157  
 03/06/08-80037-006 138.75

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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: *W.D. Belhumeur* 2/21/08 415-986-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #