

**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**



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2486219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

Signature, typed or printed name of registered agent and title if applicable

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

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03/06/08-80037-006 138.75

**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

2/21/08

Date

415-986-8040

Daytime Phone #