

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004458

1. Entity Name
PARTNERS MANAGEMENT SERVICES, L.L.C.



Principal Place of Business
**1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009**

Mailing Address
**1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009**



04042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3611357

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHIELDS, DAVID R
1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009**

**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 reconstituting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SOUTHCOAST CAPITAL CORPORATION
1 INDEPENDENT DRIVE SUITE 1600
JACKSONVILLE, FL 322025009**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000307881
04/15/05-80070-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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 #