


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002680 1. Entity Name PATIENCE PARTNERS, LLC	
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Principal Place of Business 950 NORTH ORLANDO AVENUE, SUITE 110 WINTER PARK, FL 32789	Mailing Address 950 NORTH ORLANDO AVENUE, SUITE 110 WINTER PARK, FL 32789
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07092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4294855	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUGUR, HARRISON 1071 WILLOUGHBY WAY ASPEN, CO 81611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROJEN, ROBERT V 950 NORTH ORLANDO AVE NW STE 110 WINTER PARK, FL 32789
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<p>1000000165629 07/12/04-80021-006 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7/9/04** **900-925-2924**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

HARRISON H. AUGUR