2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002680

1. Entity Name
PATIENCE PARTNERS, LLC

Principal Place of Business	Mailing Address
~~950 NORTH ORLANDO AVENUE, SUITE 110~~ ~~WINTER PARK, FL 32789~~ 2699 LEE, RD, STE 475 WINTER PARK, FL 32789	~~950 NORTH ORLANDO AVENUE, SUITE 110~~ ~~WINTER PARK, FL 32789~~ 2699 LEE RD, Suite 475 WINTER PARK, FL 32789

20006551

01052006No Chg-LLC   CR2E083 (11/05)

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4. FEI Number	Applied For
36-4294855	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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 May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	AUGUR, HARRISON
STREET ADDRESS	1071 WILLOUGHBY WAY
CITY-ST-ZIP	ASPEN, CO 81611
TITLE	MGR
NAME	ROIJEN, ROBERT V 2699 LEE Rd, STE 475
STREET ADDRESS	~~950 NORTH ORLANDO AVE NW STE 110~~
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/26/06   970-925-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #