

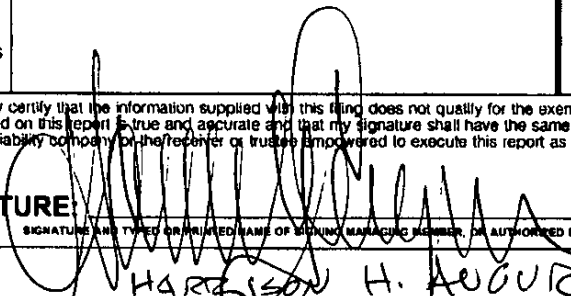


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000002680 1. Entity Name PATIENCE PARTNERS, LLC			
Principal Place of Business 2699 LEE RD SUITE 475 WINTER PARK, FL 32789		Mailing Address 2699 LEE RD SUITE 475 WINTER PARK, FL 32789	
DO NOT WRITE IN THIS SPACE			
		02212007 No Chg-LLC CR2E083 (11/05)	
4. FEI Number 36-4294855		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		U000000648396 03/07/07-80008-005 50.00	
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
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 2699 LEE RD SUITE 475 WINTER PARK, FL 32789		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> HARRISON H. AUGUR Date 2/21/07 Daytime Phone # 970-925-2926			