


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000000175 1. Entity Name PUBLIC PARTNERSHIPS LLC	
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Principal Place of Business 148 STATE STREET 10TH FL BOSTON, MA 02109	Mailing Address 148 STATE STREET 10TH FL BOSTON, MA 02109
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02132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3465582	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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.

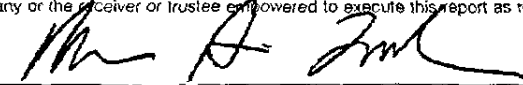
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSAKOWSKI, WILLIAM S 148 STATE STREET 10TH FL BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKINNER, STEPHEN P 148 STATE STREET 10TH FL BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, TONY M 212 SOUTH TRYON STREET 14TH FL CHARLOTTE, NC 28281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FENTON, MARC H 148 STATE STREET 10TH FL BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>0000001442734 03/04/06-80032-023 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 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 605, Florida Statutes.

SIGNATURE:  **2/14/06 617-426-2026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #