

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002812

1. Entity Name
SHS PARTNERS, LLC



Principal Place of Business
**235 CLOISTER GREEN LANE
MEMPHIS, TN 38120**

Mailing Address
**235 CLOISTER GREEN LANE
MEMPHIS, TN 38120**



01202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0704710

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, JOHN DAVID
2002 CRYSTAL LAKE DRIVE
DESTIN, FL 32550**

**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, 2005**

**U000000218770
02/08/05-80001-003 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SULLIVAN, DAVID C
235 CLOISTER GREEN LANE
MEMPHIS, TN 38120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SULLIVAN, JOHN DAVID
2002 CRYSTAL LAKE DRIVE
DESTIN, FL 32550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBBINS HALLE & COMPANY, G.P.
965 RIDGE LAKE BLVD., SUITE 203
MEMPHIS, TN 38120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-2-05