FILED
Mar 20, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002812

1. Entity Name
SHS PARTNERS, LLC

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

DO NOT WRITE IN THIS SPACE

03142006 No Chg-LLC CR2E083 (11/05)

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

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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	MGRM
NAME	SULLIVAN, DAVID C
STREET ADDRESS	235 CLOISTER GREEN LANE
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	MGRM
NAME	SULLIVAN, JOHN DAVID
STREET ADDRESS	2002 CRYSTAL LAKE DRIVE
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	MGRM
NAME	ROBBINS HALLE & COMPANY, G.P.
STREET ADDRESS	965 RIDGE LAKE BLVD., SUITE 203
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/06-80023-002 50.00

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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: _____ 3-15-06 901-767-6593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #