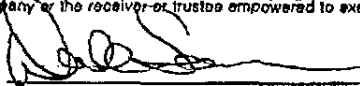


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 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
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		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 registering) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SULLIVAN, DAVID C 235 CLOISTER GREEN LANE MEMPHIS, TN 38120	DO NOT WRITE IN THIS SPACE
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 HALL & COMPANY, G.P. 865 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		
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 606, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		3-15-06 901-767-6593 Date Daytime Phone #