


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003192 1. Entity Name SLOANE STREET PARTNERS LLC	
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Principal Place of Business 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	Mailing Address 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0218712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

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

**Filing Fee is \$50.00
Due by May 1, 2004**

000000119584
04/19/04-80105-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANTARAMIAN, JACK 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEZESHKAN, FRED 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EBRAHIMI, ALI 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(i), 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 Jack Antaramian **DATE** 04/15/04 **DAYTIME PHONE #** 239-434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE