

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003192

FILED
Apr 28, 2005
Secretary of State

Entity Name: SLOANE STREET PARTNERS LLC

Current Principal Place of Business:

365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-0218712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ANTARAMIAN, JACK
Address: 365 FIFTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: PEZESHKAN, FRED
Address: 365 FIFTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: EBRAHIMI, ALI
Address: 365 FIFTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGR

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date