2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT				Secretary of Star		
DOCUMENT # M03000003210					are outing on a con-	
1. Entity Name BROMPTON ROAD PARTNERS LLC						
		- چې په د		***************************************		
Principal Place	e of Business	Mailing Address	<u>}</u>	The production of the second o		
365 FIFTH AVENUE SOUTH, STE. 201 365 FIFTH AVENUE SOUTH, S NAPLES, FL 34102 NAPLES, FL 34102			TE. 201			
DO NOT WRITE IN THIS SPAC					CR2E083 (10/03)	
	· · · · · · · · · · · · · · · · · · ·	L III IIIO OI A	-	4. FEI Number 20-0218740	Applied For Not Applicable	
			وفرق المناسب المساود والمناسب	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent	A and the horses of the		7 20 113,4000	
NOVATT, JEFF M ESQ 821 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102				DO NOT WR IN THIS SPA		
8. The above the obligati	named entity submits this statementors of registered agent.	It for the purpose of changing its register	red office or register	red agent, or both, in the State of Florida	. I am lamillar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered a	pent and tile it applicable. (NOTE. Register	ed Agent signature required		DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2004			U00000117519 04/19/04-80022-022 50.00		
9.		ABERS/MANAGERS	T			
NAME STREET ADDRESS CITY-ST-ZIP	MGR SLOANE STREET PARTNER 365 FIFTH AVENUE SOUTH, NAPLES, FL 34102					
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP		<u></u>		•		
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WR	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		<u></u>				

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 flability company or the regular or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: BA JULIA JULIANGE JOCK ANTONION 04/5514 339 434 0100 Bighature and typed or printed hame of signing managing member, or authorized representative