## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M04000001652

Entity Name: PARTNERS EQUITY CAPITAL COMPANY LLC

FILED Jan 25, 2006 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

655 BUSINESS CENTER DRIVE, SUITE 250 655 BUSINESS CENTER DRIVE HORSHAM, PA 19094

SUITE 250

HORSHAM, PA 19044

**Current Mailing Address: New Mailing Address:** 

655 BUSINESS CENTER DRIVE, SUITE 250 655 BUSINESS CENTER DRIVE

HORSHAM, PA 19094 SUITE 250

HORSHAM, PA 19044

FEI Number: 16-1646118 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change ( ) Addition CAMPBELL, DONALD P CAMPBELL, DONALD P Name: Name: Address: 909 BRUSHTOWN ROAD Address: 909 BRUSHTOWN ROAD City-St-Zip: LOWER GEYNEDD, PA 19002 City-St-Zip: LOWER GWYNEDD, PA 19022

(X) Change ( ) Addition Title: MGR () Delete Title: MGR

Name: GROSSO, STEVE A Name: GROSSO, STEVE A Address: 711 SWAMP ROAD Address: 711 SWAMP ROAD City-St-Zip: WRIGHTSTOWN, PA 19002 City-St-Zip: WRIGHTSTOWN, PA 18940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: DONALD P. CAMPBELL 01/25/2006