

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 18, 2009  
Secretary of State**

DOCUMENT# L03000055284

Entity Name: 4556 SHORE LANE, L.C.

**Current Principal Place of Business:**

99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE BOLLARD GROUP  
ONE JOY STREET  
BOSTON, MA 02108

**New Mailing Address:**

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

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

HACKETT, JACK O II, ESQ  
FARR, FARR, EMERICH, SIFRIT, HACKETT AND C  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      PARAFESTAS, ANASTASIOS  
Address:                      THE BOLLARD GROUP, ONE JOY STREET  
City-St-Zip:                      BOSTON, MA 02108

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANASTASIOS PARAFESTAS                      MGR                      03/18/2009

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