


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90372 015 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L06000055611</b><br>1. Entity Name<br><b>S-H FINANCIAL LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>C/O STILES CORPORATION</b><br><b>300 S.E. 2ND STREET</b><br><b>FT. LAUDERDALE, FL 33301</b> | Mailing Address<br><b>C/O STILES CORPORATION</b><br><b>300 S.E. 2ND STREET</b><br><b>FT. LAUDERDALE, FL 33301</b> |
|---|---|

60038886



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

03162007 Chg-LLC CR2E083 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-4960953</b> | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b>                                       | <b>7. Name and Address of New Registered Agent</b>   |
| JONES, PATRICIA<br>C/O STILES CORPORATION<br>300 S.E. 2ND STREET<br>FT. LAUDERDALE, FL 33301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> |  | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS |  | 10. ADDITIONS/CHANGES |   |
|------------------------------|--|-----------------------|---|
| TITLE                        | <b>MGR</b> <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | <b>STILES, TERRY W.</b>                    | NAME                  |   |
| STREET ADDRESS               | <b>300 SE 2nd Street</b>                   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <b>Fort Lauderdale, FL 33301</b>           | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete            | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete            | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete            | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete            | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Terry W. Stiles **Terry W. Stiles** 3/16/07 9541627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #