


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000069745 1. Entity Name SHAP LLC	
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FILED
Sep 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 619 E. HAZEL STREET LANSING, MI 48912	Mailing Address 619 E. HAZEL STREET LANSING, MI 48912
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05122008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4445358	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HAYDEN, JOE 655 HOBANT ROAD VENICE, FL 34293	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 Joe Hayden _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. U00000959493

Due by September 12, 2008 09/11/08-80002-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	DONAHUE, JEFFREY C
STREET ADDRESS	5563 STRAWBERRY LANE
CITY-ST-ZIP	HASLETT, MI 48840
TITLE	MGRM
NAME	STELTER, MICHAEL T
STREET ADDRESS	5090 STATE ST., BLDG. D
CITY-ST-ZIP	SAGINAW, MI 48603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: Jeffrey C Donahue Date: 5-12-08 Daytime Phone #: 317-949-0669

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