

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077193

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: SHAPLIAN, LLC

**Current Principal Place of Business:**

152 E. 65TH STREET  
#1  
NEW YORK, NY 10021

**New Principal Place of Business:**

**Current Mailing Address:**

152 E. 65TH STREET  
#1  
NEW YORK, NY 10021

**New Mailing Address:**

FEI Number: 56-2602987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHAPOLSKY, LISA  
110 PEGASUS DR.  
JUPITER, FL 33477      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: P ( ) Delete  
Name: SHAPOLSKY, ANITA  
Address: 152 E 65 STREET  
City-St-Zip: NEW YORK, NY 10021

Title: S ( ) Delete  
Name: SHAPOLSKY, LISA  
Address: 110 PEGASUS DR  
City-St-Zip: JUPITER, FL 33470

Title: VP ( ) Delete  
Name: SHAPOLSKY, IAN  
Address: 152 EAST 65 STREET  
City-St-Zip: NEW YORK, NY 10021

**ADDITIONS/CHANGES:**

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

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

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: ANITA SHAPOLSKY      P      02/06/2008

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