


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000121484 1. Entity Name SHIELDS INVESTMENTS LLC	
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Principal Place of Business 3294 SPRUCE CREEK GLEN DAYTONA BEACH, FL 32128	Mailing Address 3294 SPRUCE CREEK GLEN DAYTONA BEACH, FL 32128
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DO NOT WRITE IN THIS SPACE



03232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8087262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, DANNIE J SR
 3294 SPRUCE CREEK GLEN
 DAYTONA BEACH, FL 32128

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIELDS, DANNIE J SR 3294 SPRUCE CREEK GLEN DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIELDS, CAROL R 3294 SPRUCE CREEK GLEN DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIELDS, MARY K 3294 SPRUCE CREEK GLEN DAYTONA BEACH, FL 32128
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Dannie J Shields Sr.* **3-23-2008** **386-767-5557**

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