

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


4/1

FILED
May 09, 2008 8:00 am
Secretary of State

04-10-2008 90125 029 ***138.75

DOCUMENT # L07000060546

1. Entity Name
SHF HOLDINGS, LLC



Principal Place of Business
**5201 WEST LAUREL STREET
 TAMPA, FL 33607**

Mailing Address
**5201 WEST LAUREL STREET
 TAMPA, FL 33607**

30006085



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01172008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
**MOORE, CHARLES A
 201 N. FRANKLIN STREET, STE. 2000
 TAMPA, FL 33602**

4. FEI Number
26-0316510

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|------------------------------|---------------------------------|-----------------------|--|---|
| TITLE | President | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Thomas Schreiber | | NAME | | |
| STREET ADDRESS | 5201 W. Laurel Street | | STREET ADDRESS | | |
| CITY-ST-ZIP | Tampa FL 33607 | | CITY-ST-ZIP | | |
| TITLE | Richard Hedt | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richard Hedt | | NAME | | |
| STREET ADDRESS | 5201 W. Laurel St | | STREET ADDRESS | | |
| CITY-ST-ZIP | Tampa FL 33607 | | CITY-ST-ZIP | | |
| TITLE | Michael Frost/Manager | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael Frost/Manager | | NAME | | |
| STREET ADDRESS | 5201 W. Laurel Street | | STREET ADDRESS | | |
| CITY-ST-ZIP | Tampa FL 33607 | | 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: *Linda Wilson* Date: 4.7.08 8132875600X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #