

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008052

Entity Name: FL SHLF1 RE, LLC

FILED  
Mar 17, 2009  
Secretary of State

**Current Principal Place of Business:**

2076 FLATBUSH AVE, 2ND FL  
BROOKLYN, NY 11234

**New Principal Place of Business:**

**Current Mailing Address:**

2076 FLATBUSH AVE, 2ND FL  
BROOKLYN, NY 11234

**New Mailing Address:**

FEI Number: 65-0964209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NRAI SERVICES INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: MGRM ( ) Delete  
Name: SCHEINER, ELIEZER  
Address: 1580 E. 19TH STREET - 2H  
City-St-Zip: BROOKLYN, NY 11230

Title: MGRM ( ) Delete  
Name: LICHTSCHEIN, TEDDY  
Address: 1580 E. 19TH STREET - 2H  
City-St-Zip: BROOKLYN, NY 11230

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHEINER, ELIEZER  
Address: 2076 FLATBUSH AVE, 2ND FL  
City-St-Zip: BROOKLYN, NY 11234

Title: MGRM (X) Change ( ) Addition  
Name: LICHTSCHEIN, TEDDY  
Address: 2076 FLATBUSH AVE, 2ND FL  
City-St-Zip: BROOKLYN, NY 11234

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: ELIEZER SCHEINER

MGR

03/17/2009

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