
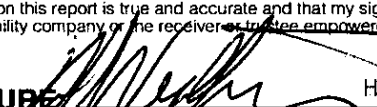


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90066 019 \*\*\*\*50.00

<b>DOCUMENT # L98000002781</b>					
<b>1. Entity Name</b> SHARLYN INVESTMENTS, L.L.C.					
<b>Principal Place of Business</b> 1137 BREAKWATER COURT MARCO ISLAND, FL 34145			<b>Mailing Address</b> 1137 BREAKWATER COURT MARCO ISLAND, FL 34145		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 59-3545456				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BROWN, EDWARD 1137 BREAKWATER COURT MARCO ISLAND, FL 34145			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, EDWARD		NAME		
STREET ADDRESS	1137 BREAKWATER COURT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, LYNN		NAME		
STREET ADDRESS	1137 BREAKWATER COURT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEATHERS, HARRY		NAME	1128 Bald Eagle Drive	
STREET ADDRESS	360 BACKBAY CRESCENT		STREET ADDRESS	Apt 209	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23456		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEATHERS, SHARON		NAME	1128 Bald Eagle Drive	
STREET ADDRESS	360 BACKBAY CRESCENT		STREET ADDRESS	Apt 209	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23456		CITY-ST-ZIP	Marco Island, FL 34145	
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		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the fees empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE</b> 		Harry Weathers, Mgrm		April 27, 2004 239-393-0193	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					