

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007251

FILED
Feb 25, 2005
Secretary of State

Entity Name: SHAMAN DEVELOPMENT GROUP, L.L.C.

Current Principal Place of Business:

4648 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4648 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 74-3034069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRONGELB, BRUCE
4648 OLD WINTER GARDEN RD
ORLANDO, FL 32811 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/MEMBERS:

Title: MGRM () Delete
Name: DELEO, JOHN
Address: 4648 OLD WINTER GARDEN RD
City-St-Zip: ORLANDO, FL 32811

Title: MGRM () Delete
Name: KRONGELB, BRUCE
Address: 4648 OLD WINTER GARDEN RD
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

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 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 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: BRUCE KRONGELB

MGMR

02/25/2005

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