## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 19, 2006 8:00 am Secretary of State

DOCUMENT # L05000027  1. Entity Name SHAKA, LLC	499				01-19-200	6 90014 046 ****	50.00
Principal Place of Business  460 NW 33 STREET OAKLAND PARK, FL 33309 US  Mailing Address 460 NW 33 STREET OAKLAND PARK, FL 33309		3309	US		11 ACTAL PUT MAIL WAIT SA		11891 BJ 1881
2. Principal Place of Business	3. Mailing Address		_				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01132006	Chg-LLC	CR2E083 (11/05)	ı	
City & State	City & State		4. FEI Numb	30-253	19212 A	pplied For ot Applicable	
Zip Country	Zíp	Zip Country		1	e of Status Desired	S5.00 Ad Fee Require	
6. Name and Address of Current	Registered Agent			7. Name and	d Address of New F	Registered Agent	
DECOMPANDO MANUEL LABA			Name			- ,	
BROWNING, WILLIAM 460 NW 33 STREET OAKLAND PARK, FL 33309			Street Address (P.O. Box Number is Not Acceptable)				
			City			E1 Zip Coo	10
The above named entity submits this statement for the purpose of changing its registere			,	FL   `			
the obligations of registered agent.	r the purpose of changing its	register	ed office or registe	areo agent, or bo	oth, in the State of Fi	orida. I am lamiliar with,	, and accept
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registere	d Agent signature require	ed when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006						ke check payable to la Department of Stat	te .
9. MANAGING MEMBE	RS/MANAGERS	10.	,		ADDITIONS	/CHANGES	
TITLE MGRM	☐ Delete	TITLI				☐ Change	Addition
NAME BROWNING, WILLIAM	•		-				,
STREET ADDRESS   460 NW 33 STREET   CITY-ST-ZIP   OAKLAND PARK, FL 33309			ET ADORESS -ST-ZIP				
TITLE MGRM	Delete TITE					☐ Change	Addition
NAME SHIGAKI, LARRY	, = 5500					_ s.a.g.	
STREET ADDRESS 460 NW 33 STREET		STRE	ET ADDRESS				
CITY-ST-ZIP OAKLAND PARK, FL 33309		CITY	-ST-ZIP				
TITLE	☐ Delete	TITL	· 1			Change	Addition
NAME STREET ADDRESS		NAM	ET ADDRESS				
CITY-ST-ZIP			-ST-ZIP				
TITLE	☐ Delete	TITLI	E	<u> </u>		☐ Change	Addition
NAME		NAM	IE			•	_
STREET ADDRESS			ET ADORESS -ST-ZIP				
CITY-ST-ZIP TITLE		TITU				☐ Change	☐ Addition
11188	☐ Dolata						
NAME	☐ Delete	NAM				_ •	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	nam Stre					
STREET ADDRESS	☐ Delete	nam Stre	EET ADDRESS -ST-ZIP			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		NAM STRE CITY TITU NAM	EET ADDRESS -ST-ZIP E		· · · · · · · · · · · · · · · · · · ·		☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		STRE	EET ADDRESS - ST-ZIP				Addition

11. I hereby certify that the information supplied with this tiling does not quality 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: 46 06 754-565-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MARAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Dispute Proce #