2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001719

1. Entity Name

Zip

SHARES TOGETHER LLC

SERGEANT, JOANNE

NAPLES FL 34103

the obligations of registered agent.

#110

2900 GULFSHORE BLVD N



Country

City

FILE NOW!!! FEE IS \$50.00

(NOTE: Registered Agent signature required when reinstating)

Principal Place of Business 2900 GULFSHORE BLVD N BORDEAUX CLUB #110 NAPLES FL 34103

Mailing Address

2900 GULFSHORE BLVD N BORDEAUX CLUB #110 NAPLES FL 34103

2. Principal Place of Business	3. Mailing Address				
5 to 4 to 10					
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
J., J. J. J.	ony wonder				

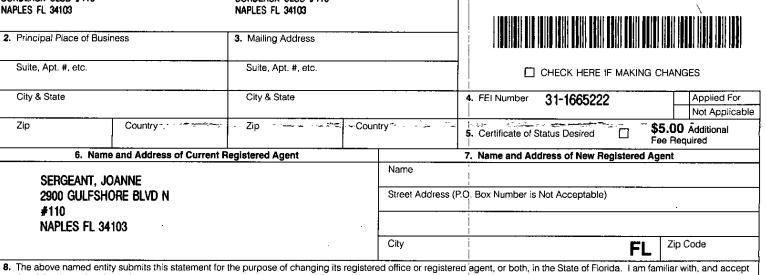
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Zip

FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90010 037 ****50.00



	Make Check Payable to Florida Department of State Due By May 1, 2003									
9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERGEANT, JOANNE 2900 GULFSHORE BLVD N BORDE NAPLES FL 34103	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABOURIN, LANE 2900 GULFSHORE BLVD N BORDE NAPLES FL 34103	Delete AUX 205 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		for the same whom		Change Change	Addition		
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition }		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition }		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		

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 previous or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OR AUTHORIZED REPRESENTATIVE