

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003485

FILED
Apr 25, 2007
Secretary of State

Entity Name: SHARE FIVE PROPERTIES, L.L.C.

Current Principal Place of Business:

430 N. MILLS AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

430 N. MILLS AVENUE
SUITE 4
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 533351
ORLANDO, FL 328533351

New Mailing Address:

FEI Number: 59-3636108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
SUITE 4
ORLANDO, FL 32803 US

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:

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEFKOWITZ, IVAN M
Address: 430 NORTH MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: LEFKOWITZ, FERN D
Address: 430 NORTH MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEFKOWITZ, IVAN M
Address: 430 NORTH MILLS AVE., SUITE 4
City-St-Zip: ORLANDO, FL 32803

Title: MGR (X) Change () Addition
Name: LEFKOWITZ, FERN D
Address: 430 NORTH MILLS AVE., SUITE4
City-St-Zip: ORLANDO, FL 32803

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: IVAN M LEFKOWITZ

MGR

04/25/2007

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