

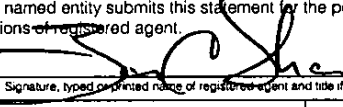



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90175 048 ****55.00

DOCUMENT # L00000004939 1. Entity Name SHAVER HOLDINGS, LLC					
Principal Place of Business 750 HAROLD AVENUE WINTER PARK, FL 32789			Mailing Address 750 HAROLD AVENUE WINTER PARK, FL 32789		
2. Principal Place of Business 2699 Lee Road		3. Mailing Address 2699 Lee Road		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">20005402</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 01172006 Chg-LLC CR2E083 (11/05) </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 4. FEI Number 59-3642032 Applied For Not Applicable </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required </div>	
Suite, Apt. #, etc. Suite 511		Suite, Apt. #, etc. Suite 511			
City & State Winter Park, FL		City & State Winter Park, FL			
Zip 32789	Country Orange	Zip 32789	Country		
6. Name and Address of Current Registered Agent SHAVER, JAMES A 750 HAROLD AVENUE WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name: Shaver, James A Street Address (P.O. Box Number is Not Acceptable): 2699 Lee Road Suite 511 City: Winter Park FL Zip Code: 32789	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P SHAVER, RONALD E 7611 LAKE OLA DR. MT. DORA, FL 32757	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	T SHAVER, RONALD E 7611 LAKE OLA DR. MT. DORA, FL 32757	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VP SHAVER, JAMES A 17624 COBBLESTONE LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	S SHAVER, JAMES A 17624 COBBLESTONE LANE CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	