

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000013038

FILED
May 09, 2005
Secretary of State

Entity Name: SHOREWALKER PLACE LLC

Current Principal Place of Business:

777 EAST ATLANTIC AVENUE, SUITE Z-250
DELRAY BEACH, FL 33483

New Principal Place of Business:

1613 REDGRAVE RD
KNOXVILLE, TN 37922

Current Mailing Address:

777 EAST ATLANTIC AVENUE, SUITE Z-250
DELRAY BEACH, FL 33483

New Mailing Address:

1613 REDGRAVE RD
KNOXVILLE, TN 37922

FEI Number: 65-1051749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLEBODNIK, DONNA R ESQ
39 SURF ROAD
BOYNTON BEACH, FL 33483 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: P () Delete
Name: DAWES, JACQUELINE A
Address: 777 EAST ATLANTIC AVENUE, SUITE Z-250
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: DAWES, JONATHAN
Address: 777 EAST ATLANTIC AVENUE, SUITE Z-250
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DAWES, JACQUELINE A
Address: 1613 REDGRAVE
City-St-Zip: KNOXVILLE, TN 37922

Title: S (X) Change () Addition
Name: DAWES, JONATHAN
Address: 1613 REDGRAVE RD
City-St-Zip: KNOXVILLE, TN 37922

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: JACQUELINE DAWES

MGR

05/09/2005

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