


Amended 2003

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 1. Entity Name Shorewalker Place LLC L00000013038			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 777 East Atlantic Avenue Suite, Apt. #, etc. Suite Z-250 City & State Delray Beach, FL Zip 33483 Country USA		3. Mailing Address 777 East Atlantic Avenue Suite, Apt. #, etc. Suite Z-250 City & State Delray Beach, FL Zip 33483 Country USA	
		4. FEI Number 65-1051749 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Slebodnik, Donna R. Esq	
		Street Address (P.O. Box Number is Not Acceptable) 1551 Forum Place Suite 2200	
		City West Palm Beach FL Zip Code 33401	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jacqueline A. Dawes 777 East Atlantic Ave Suite Z-250 Delray Beach, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200016233112 04/18/03--01015--007 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jonathan Dawes 777 East Atlantic Avenue Suite Z-250 Delray Beach, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael-Ageloff- 100-N-Ocean-Blvd-106 Delray-Beach,-FL-33483--	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	delete Michael Ageloff	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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>		Date 04/14/03 Daytime Phone # 561-926-1444	

CR2E083B (12/02)