LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2003 8:00 am Secretary of State

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DOCUMENT # 2 0 / 0000 / 554/ 1. Entity Name					02-12-2003 90	0004 004 3	****50.00
Shorewalker Developments LLC							
	DO NOT WRITE	IN THIS SI	PAC) 			
2. Principal Place of Business 777 E. Atlantic Ave		3. Mailing Address 777 E. Atlantic Ave					
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite Z-250			DO NOT WRITE IN THIS SPACE		
Suite Z-250 City & State		City & State			4. FEI Number		Applied For
Delray Beach, FL		Delray Beach, FL		65-1136121		Not Applicable	
Zip 33483	Country Zip 33483		Country		5. Certificate of Status Desired	\$5.00 Fee Re	Additional quired
		7. Name and Address of Current Registered Agent					
DO NOT WRITE				Name Corporate Creations Network			
				Street Address (P.O. Box Number is Not Acceptable) 1 Fourth Street #200		
· . IN THIS SPACE							
				City Miami Beach FL Zip Code 33139			
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 Signature, typed or printed name of registered agent and title if applicable. DATE							
		MSSS PART AND		\$50.00			
*	the administration of the state	Make Check Payeb		orida Departme ' MAY 1	nt of State		2.7
9.	MANAGING MEMBER						
TITLE	Dawes, Jacqueline A	. MGR	TITLE				7.07
name Street address	777 E. Atlantic Ave		NAM STRE	E Et aderess			
CITY-ST-ZIP	Delray Beach, FL 33	483	7551.533	ST-20P			CRZEORAGE (12)
TITLE	S		TITLE NAM	::ao::a:::a:::a:::a::			CRZE
NAME STREET ADDRESS	Jonathan Dawes 777 E. Atlantic Ave Z-250		(0.000,000)	ET ADDRESS			
CITY-ST-ZIP	Delray Beach FL 334	83		-ST-ZIP			
TITLE NAME			TITLE MAN!				
STREET ADDRESS			3333.333	ET ADORESS	DO NOT WI	DITE	
CITY-ST-ZIP			7000 1000 NOTE NO	-ST-ZIP			
TITLE NAME			TITLE	0.00000.0000000000000000000000000000000	IN THIS SP	ACE	
STREET ADDRESS			2100100	ET ADDRESS			
CITY-ST-ZIP	<u> </u>		-	-ST-ZIP			
TITLE NAME			T371E NAM				
STREET ADDRESS			(505)400	ET ADDRESS			
CITY'-ST-ZIP			900,90000	-\$1-2IP			
TITLE NAME			TITLE				
STREET ADDRESS			72277	ET ADDRESS			
CITY-ST-ZIP			CHEY	-SI-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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OF PRINTED NAME OF SIGNING MAYAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/03

Date

561-926-1444

Daytima Phone #