

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021699

FILED
Mar 31, 2005
Secretary of State

Entity Name: SHORELINE ENTERPRISES OF FLORIDA, LLC

Current Principal Place of Business:

4265 RITA LANE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

9220 BONITA BEACH RD.,
SUITE 214
BONITA SPRINGS, FL 34135

Current Mailing Address:

P.O. BOX 3230
BONITA SPRINGS, FL 34133

New Mailing Address:

P.O. BOX 367482
BONITA SPRINGS, FL 34136

FEI Number: 02-0535466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROEHLICH, RICK
9220 BONITA BEACH BLVD.
214
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

FROEHLICH, RICK
9220 BONITA BEACH BLVD.
SUITE 214
BONITA SPRINGS, FL 34135 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: RICK FROEHLICH

03/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FROEHLICH, RICK
Address: 9220 BONITA BEACH RD., SUITE 214
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: FROEHLICH, LEIGHANNA
Address: 9220 BONITA BEACH RD., SUITE 214
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICK FROEHLICH

MM

03/31/2005

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