## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L02000005334**

SHORELINE CAPITAL VENTURES, LLC

FILED

06 JUL 26 ::: 10: 23

SEC.... TALLAL'...

Principal Place of Business

P.O. BOX 15663 TALLAHASSEE, FL 32317 Mailing Address

P.O. BOX 15663 TALLAHASSEE, FL 32317





07202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3630094

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE, NICHOLAS MIKE III 3666 PEDDIE DR. TALLAHASSEE, FL 32303

## DO NOT WRITE IN THIS SPACE

|                                       | named entity submits this statement for the purpose of chains of registered agent. | nging its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept |
|---------------------------------------|--|--|--|
| SIGNATURE.                            |  |  | DATE   |
|                                       | Signature, typed or printed name of registered agent and title if applicable.      | (NOTE: Registered Agent eignature required when reinstating)     | DATE   |
| Fil<br>Due t                          | ing Fee is \$50.00<br>by September 6, 2006   |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>GEORGE, NICHOLAS MIKE III<br>P.O. BOX 15663<br>TALLAHASSEE, FL 32317       | 08/08/08   | 084911220.00                                     |
| TITLE NAME STREET ADDRESS EITY-ST-ZIP |  | <b>2000</b><br>08/08/06  | 78457128<br>7186-57128                           |
| TITLE MAME STREET ADDRESS CHY-ST-ZIP  |  | DO NO  | T WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | IN THI   | S SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |  |
| TITLE                                 | 1  |  |  |

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 trustoe empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

BUT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE