

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007251

FILED
Feb 20, 2004
Secretary of State

Entity Name: SHAMAN DEVELOPMENT GROUP, L.L.C.

Current Principal Place of Business:

9 S.E. 11TH AVENUE
FORT LAUDERDALE, FL 33301 BR

New Principal Place of Business:

4648 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811

Current Mailing Address:

9 S.E. 11TH AVENUE
FORT LAUDERDALE, FL 33301 BR

New Mailing Address:

4648 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811

FEI Number: 74-3034069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEO, JOHN
4648 OLD WINTER GARDEN RD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

KRONGELB, BRUCE
4648 OLD WINTER GARDEN RD
ORLANDO, FL 32811 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: JOHN DELEO

02/20/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DELEO, JOHN
Address: 4648 OLD WINTER GARDEN RD
City-St-Zip: ORLANDO, FL 32811

Title: MGRM () Delete
Name: KRONGELLO, BRUCE
Address: 4648 OLD WINTER GARDEN RD
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KRONGELB, BRUCE
Address: 4648 OLD WINTER GARDEN RD
City-St-Zip: ORLANDO, FL 32811

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: BRUCE KRONGELB

MGRM

02/20/2004

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