

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 02, 2006  
Secretary of State**

DOCUMENT# L02000007251

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

**Current Principal Place of Business:**

4648 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4648 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 74-3034069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRONGELB, BRUCE  
4648 OLD WINTER GARDEN RD  
ORLANDO, FL 32811    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**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 Chapter 119, 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                      02/02/2006

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