


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90003 016 \*\*\*\*50.00

<b>DOCUMENT # L02000007251</b>					
1. Entity Name <b>SHAMAN DEVELOPMENT GROUP, L.L.C.</b>					
Principal Place of Business <b>9 S.E. 11TH AVENUE FORT LAUDERDALE FL 33301 BR</b>			Mailing Address <b>9 S.E. 11TH AVENUE FORT LAUDERDALE FL 33301 BR</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>74-3034069</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KROSS, JONATHAN P 2461 WEST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33301</b>			7. Name and Address of New Registered Agent Name <b>JOHN DELEO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4648 OLD WINTER GARDEN ROAD</b> City <b>ORLANDO</b> FL Zip Code <b>32811</b>		
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 <i>John Deleo</i> DATE <b>3/4/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member <input type="checkbox"/> Delete</b> <b>John Deleo</b> <b>4648 Old Winter Garden Rd</b> <b>Orlando, FL 32811</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member <input type="checkbox"/> Delete</b> <b>Bruce Krongelb</b> <b>4648 Old Winter Garden Rd</b> <b>Orlando, FL 32811</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>John Deleo</i>			Date: <b>3/4/03</b>		Daytime Phone #: <b>407-292-1010</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2E083 (10/02)