



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90137 016 \*\*\*143.75

<b>DOCUMENT # L02000021390</b>			
1. Entity Name <b>SHADY HILLS, LLC</b>			
Principal Place of Business <b>2304 SAN JOSE CIRCLE TAMPA, FL 33629</b>		Mailing Address <b>2304 SAN JOSE CIRCLE TAMPA, FL 33629</b>	
2. Principal Place of Business - No P.O. Box # <b>1409 TECH Blvd</b>		3. Mailing Address <b>1409 TECH Blvd</b>	
Suite, Apt. #, etc. <b>Suite 1</b>		Suite, Apt. #, etc. <b>Suite 1</b>	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33619</b>	Country <b>US</b>	Zip <b>33619</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>MALTBY, DAVID K 2304 SAN JOSE CIRCLE TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent Name <b>FRANK P. RIPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1409 TECH Blvd, Suite 1</b> City <b>TAMPA</b> FL Zip Code <b>33619</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 		DATE <b>2/6/08</b>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MALTBY, DAVID K 2304 SAN JOSE CIRCLE TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Barbara Maltby 2304 SAN JOSE CIRCLE TAMPA, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIPA, FRANK P 10149 FISHER AVENUE TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIPA, FRANK P. 1409 TECH Blvd, Suite # 1 TAMPA, FL 33619 <input checked="" 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
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

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FRANK P. RIPA**

Date

Daytime Phone #

**2/6/08**

**813-623-6777**

**60007262**



02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**56-2295278**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**