2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# L02000025865

Entity Name: SHOCK ISLAND, LLC

Current Principal Place of Business:

% PAGE'S PAINT STORE, 1114 WHITE ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

% PAGE'S PAINT STORE, 1114 WHITE ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 52-2385442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, ERICA N ESQ.
500 FLEMING STREET
KEY WEST, FL 33040 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/MEMBERS:

Title: MGR ( ) Delete
Name: WALTERS, KARL
Address: 3152 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: MGR ( ) Delete
Name: PFENT, DAVID J JR.
Address: 1114 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGR ( ) Delete
Name: PFENT, DAVID J
Address: 1114 WHITE ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: PFENT, DAVID J II
Address: 1114 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

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 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: DAVID J. PFENT MGR 03/24/2005

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