2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# L02000026982

Entity Name: SHOREWALKER HOMES LLC

Current Principal Place of Business:

777 EAST ATLANTIC AVENUE, SUITE Z #250
DELRAY BEACH, FL 33483

New Principal Place of Business:

1613 REDGRAVE RD
KNOXVILLE, TN 37922

Current Mailing Address:

1613 REDGRAVE RD
KNOXVILLE, TN 37922

New Mailing Address:

FEI Number: 05-0535558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH, FL 33139 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: DAWES, JACQUELINE A
Address: 777 EAST ATLANTIC AVENUE, SUITE Z #250
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM ( ) Delete
Name: DAWES, JONATHAN
Address: 777 E. ATLANTIC AVE. Z-250
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DAWES, JACQUELINE A
Address: 1613 REDGRAVE RD
City-St-Zip: KNOXVILLE, TN 37922

Title: MGRM (X) Change ( ) Addition
Name: DAWES, JONATHAN
Address: 1613 REDGRAVE RD
City-St-Zip: KNOXVILLE, TN 37922

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: JACQUELINE DAWES MGR 05/09/2005

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