


FILED
Apr 14, 2005 8:00 am
Secretary of State

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3/

03-17-2005 90136 021 ****50.00
04-14-2005 90027 020 ****50.00

DOCUMENT # L02000030345 1. Entity Name SHREE GEE, LLC	
---	---

Principal Place of Business 5003 OLD WINTER GARDEN RD. ORLANDO, FL 32811	Mailing Address 5003 OLD WINTER GARDEN RD. ORLANDO, FL 32811
--	--

DO NOT WRITE IN THIS SPACE



03092005No Chg-LLC 6002 CR2E083 (10/03)

4. FEI Number 46-0506845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PATEL, PRAVIN C
5003 OLD WINTER GARDEN RD.
ORLANDO, FL 32811**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PATEL, PRAVIN C 5003 OLD WINTER GARDEN RD. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4/9/05 407-522-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #