


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

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



04032008 No Chg-LLC

CR2E083 (12/07)

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	
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating)


1100000892573
04/23/08-R0012-001 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	MGRM PATEL, MINESH M 5003 OLD WINTER GARDENS 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	

DO NOT WRITE IN THIS SPACE

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:  **4/5/08** **407-522-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #