


**2005 LIMITED LIABILITY COMPANY.  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000030674</b>	
1. Entity Name <b>MIKE SHAD, P.L.</b>	

Principal Place of Business <b>2720 PARK ST. SUITE 205 JACKSONVILLE, FL 32205 US</b>	Mailing Address <b>2720 PARK ST. SUITE 205 JACKSONVILLE, FL 32205 US</b>
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02212005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>36-4515612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FISHER, MICHAEL W  
ONE INDEPENDENT DRIVE, SUITE 2600  
JACKSONVILLE, FL 32202**

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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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAD, H.W. 5031 YACHT CLUB RD JACKSONVILLE, FL 32210
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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:** *H.W. Shad* *H.W. Shad* *2/21/05* *904-388-0645*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #