

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90176 029 *****55.00

DOCUMENT # L03000001983. 1. Entity Name CHOPESHAW L.L.C.					
Principal Place of Business 7411 SOUTHAMPTON RD. SPRING HILL, FL 34606				Mailing Address 7411 SOUTHAMPTON RD. SPRING HILL, FL 34606	
2. Principal Place of Business 8048 SUMMERBREEZE TERR. 8048 SUMMERBREEZE TERRACE Suite, Apt. #, etc.		3. Mailing Address 8048 SUMMERBREEZE TERRACE Suite, Apt. #, etc.			
City & State SPRING HILL, FL		City & State SPRING HILL FL		4. FEI Number 06-1694681	
Zip 34606		Country HERNANDO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, ROBERT P. 7411 SOUTHAMPTON RD. SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name: SHAW, ROBERT P. Street Address (P.O. Box Number is Not Acceptable) 8048 SUMMERBREEZE TERRACE City SPRING HILL FL Zip Code 34606	
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 <u>ROBERT P. SHAW</u> <u>Rob P. Shaw</u> <u>2-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHOPE, RONALD D 6750 DONALDSON TROY, MI 48085	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHOPE, MATTHEW E 29259 STILLWATER FARMINGTON, MI 48334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHAW, ROBERT P 7411 SOUTHAMPTON RD. SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T SHAW, ROBERT P. 8048 SUMMERBREEZE TERRACE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>ROBERT P. SHAW</u> <u>Rob P. Shaw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				352-666-5827 2-15-05 <small>Date Daytime Phone #</small>	