


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000011086</b> 1. Entity Name SHOPPING WITH KNOWLEDGE, LLC	
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Principal Place of Business 931 N.E. 116TH STREET BISCAYNE PARK, FL 33161	Mailing Address 931 N.E. 116TH STREET BISCAYNE PARK, FL 33161
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**DO NOT WRITE IN THIS SPACE**



02232005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 06-1689545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BOND, SHIRLEY 931 N.E. 116TH STREET BISCAYNE PARK, FL 33161	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

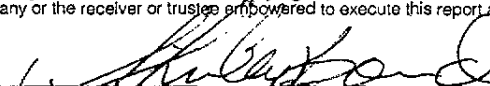
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOND, SHIRLEY 931 N.E. 116TH STREET BISCAYNE PARK, FL 33161
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03/28/05-80069-017 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **3/19/05** **305-318-1358**

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