

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015768

Entity Name: SHAKED PROPERTIES, LLC

**FILED**  
**Jun 10, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

3983 194TH TRAIL  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

3983 194TH TRAIL  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 56-2358882      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHAKED, YARIV  
501 NE 190 ST  
SUNNY ISLES, FL 33160    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      (  ) Delete  
Name: SHAKED, YARIV  
Address: 3983 194TH TRAIL  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES:**

Title:      (  ) Change (  ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: YARIV SHAKED

MANG

06/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date