

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016504

Entity Name: SHARP ENTERPRISES, L.L.C.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

902 ST. JOHNS AVE.
PALATKA, FL 32177

New Principal Place of Business:

919 ST. JOHNS AVE.
PALATKA, FL 32177

Current Mailing Address:

902 ST. JOHNS AVE.
PALATKA, FL 32177

New Mailing Address:

919 ST. JOHNS AVE
PALATKA, FL 32177

FEI Number: 35-2250943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, ALEXANDER M
902 ST. JOHNS AVE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

SHARP, ALEXANDER M
919 ST JOHNS AVE
PALATKA, FL 32177 US

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:

01/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARP, IV, ALEXANDER M
Address: P.O. BOX 233
City-St-Zip: INTERLACHEN, FL 32148

Title: MGRM () Delete
Name: ELY, JEANNIE L
Address: P.O. BOX 233
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARP, IV, ALEXANDER M
Address: 919 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: MGRM (X) Change () Addition
Name: ELY, JEANNIE L
Address: 919 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALEX SHARP

MGRM

01/12/2007

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