2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023769

1. Entity Name SHORE-HUDSON PROPERTIES, L.L.C.



Principal Place of Business

13410 NW-49TH AVENUE GAINESVILLE, FL 32606

Mailing Address

POST OFFICE BOX 308 TRENTON, FL 32693

FILED Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90266 049 ***138.75

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DO NOT WRITE IN THIS SPACE

01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0190543

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Pesired Fee Required

DATE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

BURT, THEODORE M ESQ. 114 NE FIRST STREET TRENTON, FL 32693

DO NOT WRITE 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.
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(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHORE, FREDRIC R 13410 NW 49TH AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUDSON, KEVIN 13410 NW 49TH AVENUE GAINESVILLE, FL 32606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

JRE:

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/08

Date

Daytime Phone #