

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000031681

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** METROPOLITAN SITESCAPES, LLC

**Current Principal Place of Business:**

107 OGLETHORPE BLVD.  
#B  
ST. AUGUSTINE, FL 32080 US

**Current Mailing Address:**

107 OGLETHORPE BLVD.  
#B  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

1093 A1A BEACH BLVD.  
#396  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

1093 A1A BEACH BLVD.  
#396  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 55-0848306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIELDS, DOUGLAS A  
107 OGLETHORPE BLVD.  
#B  
ST. AUGUSTINE, FL 32080 US

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

SHIELDS, DOUGLAS A  
1093 A1A BEACH BLVD  
#396  
ST. AUGUSTINE, FL 32080 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:

04/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHIELDS, NANCY  
Address: 1093 A1A BEACH BLVD. #396  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby 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: NANCY SHIELDS

OWNE

04/25/2010

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