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Apr 04, 2008 8:00 am
Secretary of State
03-12-2008 90236 037 ***138.75

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031750

1. Entity Name
SHADY ACRE CLUB, LLC

Principal Place of Business	Mailing Address
640 EAST OCEAN BLVD. STUART, FL 34996	640 EAST OCEAN BLVD. STUART, FL 34996

300032956

03062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1370 S.W.Ibis St.	1370 S.W. Ibis St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City, FL	City & State: Palm City FL
Zip: 34990 Country: USA	Zip: 34990 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILGALLEN, KEITH 640 EAST OCEAN BLVD. STUART, FL 34996	Name: Flynn, Brian Street Address (P.O. Box Number Is Not Acceptable): 1370 S.W. Ibis Street City: Palm City FL Zip Code: 34990

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: Brian Flynn 3-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILGALLEN, KEITH 640 EAST OCEAN BLVD. STUART, FL 34996	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M G R M Flynn, Brian 1370 S. W. Ibis Street Palm City, FL 34990	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLS, WERNER 640 EAST OCEAN BLVD. STUART, FL 34996	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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: Brian Flynn 4-1-08 3-10-08 772-521-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #