2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# L03000034085

Entity Name: SHADOW CREEK INVESTMENTS, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

14290 COLLIER BLVD.
NAPLES, FL 34119

New Principal Place of Business:

2068 RICHARD ROAD
NAPLES, FL 34120

Current Mailing Address:

PO BOX 8539
NAPLES, FL 34101

New Mailing Address:

FEI Number: 30-0244993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DORIA, REYNALDO
14290 COLLIER BLVD.
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

DORIA, REYNALDO
3145 58TH STREET S.W.
NAPLES, FL 34116 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: _____ 02/12/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DORIA, REYNALDO
Address: P.O. BOX 8539
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete
Name: DORIA, MARY J
Address: P.O. BOX 8539
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: REYNALDO H. DORIA MGN 02/12/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date