## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000034250

## **FILED** May 04, 2004 8:00 am Secretary of State 05-04-2004 90018 011 \*\*\*\*55.00

THE SHARA	A GROUP, LLC								
Principal Place of Business 14026 SHADY SHORES DRIVE TAMPA, FL 33613		Mailing Address 14026 SHADY SHORES DRIVE TAMPA, FL 33613			~**************************************				
2. Principal Place	e of Business	3. Mailing Address	·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252004	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State		# EEI khamba		· · · · · · · · · · · · · · · · · · ·		oplied For	
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Address of Current F	Registered Agent		Ι	7. Name and	Address of New R			
				Name -		111	· •	<u></u>	
NORMAN, CHRISTOPHER					James P.	Hines, O	<u> </u>		
315 S. HYDE PARK AVE.				Street Add	dress (P.O. Box Numbe	er is Not Acceptable	")		
TAMPA, FL 3	33000			315	55. Hyde	Park Au	٥		
}				City -T/	ampa		FL	Zip Cod	e_/_
	med entity submits this statement for s of registered agent.	the purpose of changing its	register			h, in the State of Flo	rida. I am	familiar with,	and accept
CIONATURE	Sand	Alms					4	1.29.	04
SIGNATURE	nature, typed or printed registered agent as		E: Registere	d Agent signature	required when reinstating)		DATE	<del> </del>	<del></del>
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Filin Due	g Fee is \$50.00 by May 1, 2004 MANAGING MEMBER	RS/MANAGERS	10.				Departm	ent of State	3
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9. 1. TITLE NAME	<i></i>		TITL	E   ;	SAMUEL S	ADDITIONS/	<b>Departm</b> CHANGES	ent of State	
9. 9.4. j.	MANAGING MEMBER		TITU NAM STRE	E   ;	BAMUEL SHAL	ADDITIONS/ APORTA BY SHORES	<b>Departm</b> CHANGES	ent of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

4/29/04

Daytime Phone #