

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035639

FILED  
Feb 16, 2004  
Secretary of State

Entity Name: SHAKARA, L.C.

**Current Principal Place of Business:**

C/O JACK O. HACKETT II, ESQ  
99 NESBIT ST.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JACK O. HACKETT II, ESQ  
POST OFFICE DRAWER 511447  
PUNTA GORDA, FL 339511447

**New Mailing Address:**

FEI Number: 20-0477663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HACKETT, JACK O II, ESQ  
FARR, FARR, EMERICH  
99 NESBITT ST.  
PUNTA GORDA, FL 33950 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: WOODS, PATRICIA S  
Address: 3434 SW 26TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Change (X) Addition  
Name: MARTIN, JAMES E  
Address: P.O. BOX 1427  
City-St-Zip: BOCA GRANDE, FL 33921

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA S. WOODS

MGR

02/16/2004

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