

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035639

Entity Name: SHAKARA, L.C.

FILED
Mar 03, 2005
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

3434 SW 26TH PLACE
CAPE CORAL, FL 33914

Current Mailing Address:

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

New Mailing Address:

3434 SW 26TH PLACE
CAPE CORAL, FL 33914

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:

WOODS, PATRICIA S
3434 SW 26TH PLACE
CAPE CORAL, FL 33914 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: PATRICIA S. WOODS

03/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

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 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

03/03/2005

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