

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 21, 2005 8:00 am
Secretary of State**

03-21-2005 90534 040 ****50.00

DOCUMENT # L03000036060	
1. Entity Name SHS MAINTENANCE, LLC	

Principal Place of Business 2020 W. PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304	Mailing Address PO BOX 2535 TALLAHASSEE, FL 32316
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2383741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEONI, STEVEN M
2020 W. PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

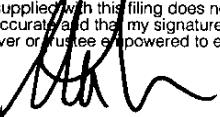
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHS MANAGEMENT, LLC 2020 W. PENSACOLA STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03-15-05

580 3131

Date

Daytime Phone #