

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043547

Entity Name: SHAPROW FAMILY, LLC

**FILED**  
**Jan 08, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

5085 LATROBE DRIVE  
WINDERMERE, FL 347868916

**New Principal Place of Business:**

8256 TIVOLI DRIVE  
ORLANDO, FL 32836 US

**Current Mailing Address:**

5085 LATROBE DRIVE  
WINDERMERE, FL 347868916

**New Mailing Address:**

8256 TIVOLI  
ORLANDO, FL 32836 US

FEI Number: 20-0405182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAPROW, MARK C  
5085 LATROBE DRIVE  
WINDERMERE, FL 347868916 US

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

SHAPROW, MARK C  
8256 TIVOLI DRIVE  
ORLANDO, FL 32836 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: MARK SHAPROW

01/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHAPROW, MARK C  
Address: 5085 LATROBE DRIVE  
City-St-Zip: WINDERMERE, FL 347868916

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHAPROW, MARK C  
Address: 8256 TIVOLI DRIVE  
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK SHAPROW

MGRM

01/08/2006

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