


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90244 042 ****50.00

DOCUMENT # L03000044202 1. Entity Name THE SHADOWS, L.L.C.																													
Principal Place of Business 34990 EMERALD COAST PARKWAY SUITE 401 DESTIN, FL 32541			Mailing Address 34990 EMERALD COAST PARKWAY SUITE 401 DESTIN, FL 32541																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent MARK A. VIOLETTE, P.A. 34990 EMERALD COAST PARKWAY SUITE 403 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Craig J. Kruse Street Address (B.O. Box Numbers Not Acceptable) 34990 Emerald Coast Parkway Ste 401 City Destin FL Zip Code 32541																									
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. Craig J. Kruse (NOTE: Registered Agent signature required when reinstating)																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CRAIG J. KRUSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34990 EMERALD COAST PKWY STE 401</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DESTIN, FL 32541</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CRAIG J. KRUSE		STREET ADDRESS	34990 EMERALD COAST PKWY STE 401		CITY - ST - ZIP	DESTIN, FL 32541		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Craig J. Kruse <i>Managing member</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													
Date 2/28/06 (23) 269-1212																													