


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90368 022 \*\*\*\*50.00

<b>DOCUMENT # L03000045449</b> 1. Entity Name WILLIAM T. SHIELDS, LLC	
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Principal Place of Business 1604 E. MAPLE AVE. TAMPA, FL 33604 US	Mailing Address 1604 E. MAPLE AVE. TAMPA, FL 33604 US
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**DO NOT WRITE IN THIS SPACE**

07032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3128108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, WILLIAM T  
1604 E. MAPLE AVE  
TAMPA, FL 33604

**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 WILLIAM T. SHIELDS LLC. William T Shields LLC July 7, 2007  
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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHIELDS, WILLIAM T 1604 E. MAPLE AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: William T. Shields LLC. July 7, 2007 813-480-5480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #