


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90144 040 \*\*\*\*50.00

DOCUMENT # L03000045621			
1. Entity Name SHORES COMMERCIAL, LLC			
Principal Place of Business 285 WEST DUNDEE ROAD PALATINE, IL 60074		Mailing Address 285 WEST DUNDEE ROAD PALATINE, IL 60074	
2. Principal Place of Business - No P.O. Box # 3424 S. Atlantic Ave		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State	
Zip 32118	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name <u>Anthony DiMucci</u> Street Address (P.O. Box Number is Not Acceptable) <u>3424 S. Atlantic Ave</u> City <u>Daytona Beach</u> <b>FL</b> Zip Code <u>32118</u>	
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 <u>Anthony DiMucci</u>		SIGNATURE <u>Anthony DiMucci</u>	
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, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY P. DINUCCI DECLARATION OF TRUST 285 WEST DUNDEE ROAD PALATINE, IL 60074 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Anthony DiMucci</u>		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		1-30-07	847-991-4400