

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


03-29-2007 90179 002 ****50.00

L03000046824

FILED

2007 APR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000046824 1. Entity Name DOUGLAS M. SHIELDS, LLC.					
Principal Place of Business 3749 SUMMER ROAD DOVER, FL 33527 US			Mailing Address 3749 SUMMER ROAD DOVER, FL 33527 US		
2. Principal Place of Business - No P.O. Box # 16232 RAMBLING VINE DR W. Suite, Apt. #, etc.		3. Mailing Address 16232 RAMBLING VINE DR W. Suite, Apt. #, etc.			
City & State TAMPA		City & State TAMPA		4. FEI Number 77-0164491	
Zip 33624		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, DOUGLAS M 3749 SUMMER RD DOVER, FL 33527			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16232 RAMBLING VINE DR W. City TAMPA		
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 _____ (NOTE: Registered Agent signature required when re-registering) 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 SHIELDS, DOUGLAS M 3749 SUMMER RD DOVER, FL 33527	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHIELDS, DOUGLAS M. 16232 RAMBLING VINE DR W. TAMPA FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Douglas M Shields LLC</u> <u>3/21/07</u> <u>813-9281521</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					