


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90047 010 ****50.00

DOCUMENT # L03000055284 1. Entity Name 4556 SHORE LANE, L.C.					
Principal Place of Business 99 NESBIT STREET PUNTA GORDA, FL 33950			Mailing Address C/O JACK O. HACKETT II, ESQUIRE POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>One Joy Street</i> Suite, Apt. #, etc.		20058141	
City & State Zip		City & State <i>Boston, MA</i> Zip <i>02108</i>		04272005 Chg-LLC CR2E083 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, JACK O II, ESQ FARR, FARR, EMERICH, SIFRIT, HACKETT AND C 99 NESBIT STREET PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARACESTAS, ANASTASIOS THE BOLLARD GROUP, ONE JOY STREET BOSTON, MA 02108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Paracestas, Anastasios The Bollard Group, One Joy Street BOSTON, MA 02108	<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 exemption stated in Section 119.07(3)(i), 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: <i>Anastasios Paracestas</i>			Date <i>4/28/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					