# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 11, 2005**
**Secretary of State**

DOCUMENT# L04000002781

**Entity Name:** SHARED TREASURES LLC

**Current Principal Place of Business:**

173 N.E. EGLIN PKWY
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

183 N.E. EGLIN PKWY
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

173 N.E. EGLIN PKWY
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

183 N.E. EGLIN PKWY
FORT WALTON BEACH, FL 32548

**FEI Number: 47-0935997** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARTRIDGE, SHERRI
32 MAGNOLIA AVE
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: PARTRIDGE, SHERRI
Address: 32 MAGNOLIA AVE
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM ( ) Delete
Name: THOMAS, SHARLYN
Address: 1615 EAST MARIAH WAY
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHERRI PARTRIDGE MGRM 02/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date