
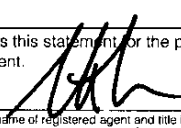
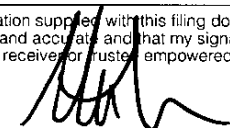


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90076 039 *****50.00

DOCUMENT # L04000011515 1. Entity Name SHS CONSTRUCTION LLC					
Principal Place of Business 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304			Mailing Address 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 2535 Suite, Apt. #, etc.			
City & State Tallahassee, FL		4. FEI Number 90-0148782			
Zip 32316		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONI, STEVEN M 3051 W MILLERS BRIDGE RD TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name STEVEN M LEONI Street Address (P.O. Box Number is Not Acceptable) PO BOX 2535 2020 W. PENSACOLA ST SUITE 27 City TALLAHASSEE FL 32316 Zip Code 32316-2535		
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 				DATE 03-15-05	
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	MGRM LEONI, STEVEN M 3051 W MILLERS BRIDGE RD PO BOX 2535 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, PETER S 420 ALL SAINTS STREET PO BOX 2536 TALLAHASSEE, FL 32304 32316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		
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		
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: 				DATE 03-15-05 5803131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	