


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90349 034 ****50.00

DOCUMENT # L04000016951	
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1. Entity Name
SHIELDS REALTY, LLC

Principal Place of Business % MELANIE WILLIS Melanie Kravcas ONE PALM AVENUE MIAMI BEACH, FL 33139	Mailing Address % MELANIE WILLIS Melanie Kravcas ONE PALM AVENUE MIAMI BEACH, FL 33139
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2. Principal Place of Business 46 Melanie Kravcas Suite, Apt. #, etc. 1 Palm Avenue City & State Miami Beach, FL Zip 33139 Country	3. Mailing Address 46 Melanie Kravcas Suite, Apt. #, etc. 1 Palm Avenue City & State Miami Beach, FL Zip 33139 Country
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03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0751619	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent KRAVECAS, MORRIS ONE PALM AVENUE MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAVECAS, MELANIE ONE PALM AVENUE MIAMI BEACH, FL 33139 <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
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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: **Melanie Kravcas** 3-8-06