

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jul 11, 2007 8:00 am  
Secretary of State**

07-11-2007 90012 001 \*\*\*\*50.00

DOCUMENT # L04000035018



1. Entity Name  
SHARK PROPERTIES, LLC

Principal Place of Business  
4618 COUNTRY HILLS CT. S  
PLANT CITY, FL 33566

Mailing Address

4618 COUNTRY HILLS CT. S  
PLANT CITY, FL 33566

2. Principal Place of Business No P.O. Box #  
**1007 Wildwood Lane**

3. Mailing Address

**1007 Wildwood Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Valrico, FL**

City & State  
**Valrico, FL**

Zip  
**33594**

Zip  
**33594**

Country

4. FEI Number  
**57-1218954**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEISLER, JOHN  
4618 COUNTRY HILLS CT. S.  
PLANT CITY, FL 33566

Name

**Geisler, John**

Street Address (P.O. Box Number is Not Acceptable)

**1007 Wildwood Lane**

City

**Valrico**

FL

Zip Code  
**33594**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGRM  
GEISLER, JOHN  
4618 COUNTRY HILL COURT SOUTH  
PLANT CITY, FL 33566

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**MGRM  
Geisler, John  
1007 Wildwood Lane  
Valrico, FL 33594**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Delete

TITLE  
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CITY ST ZIP

Change  Addition

TITLE  
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Change  Addition

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STREET ADDRESS  
CITY ST ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Change  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:

SIGNATURE AND/TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-9-07

813-744-1572

Date

Daytime Phone #