

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L04000035018</b>					
<b>1. Entity Name</b> SHARK PROPERTIES, LLC					
<b>Principal Place of Business</b> 4618 COUNTRY HILLS CT. S PLANT CITY, FL 33566			<b>Mailing Address</b> 4618 COUNTRY HILLS CT. S PLANT CITY, FL 33566		
<b>2. Principal Place of Business, No P.O. Box #</b> 1007 Wildwood Lane		<b>3. Mailing Address</b> 1007 Wildwood Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Valrico, FL		<b>City &amp; State</b> Valrico, FL		<b>4. FEI Number</b> 57-1218954	
<b>Zip</b> 33594		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				07052007 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> GEISLER, JOHN 4618 COUNTRY HILLS CT. S. PLANT CITY, FL 33566			<b>7. Name and Address of New Registered Agent</b>		
Name			Geisler, John		
Street Address (P.O. Box Number is Not Acceptable)			1007 Wildwood Lane		
City			Valrico FL Zip Code 33594		
<b>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</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> GEISLER, JOHN <b>STREET ADDRESS</b> 4618 COUNTRY HILL COURT SOUTH <b>CITY-ST-ZIP</b> PLANT CITY, FL 33566	<input type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> Geisler John <b>STREET ADDRESS</b> 1007 Wildwood Lane <b>CITY-ST-ZIP</b> Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			<b>7-9-07</b>		<b>813-744-1572</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #