


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90109 014 ****50.00

DOCUMENT # L04000040194 1. Entity Name SHOALWATER, LLC	
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Principal Place of Business 4274 DANIELSON DRIVE LAKE WORTH, FL 33467	Mailing Address 4274 DANIELSON DRIVE LAKE WORTH, FL 33467
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20062994



2. Principal Place of Business 2287 Statesbury Way Suite, Apt. #, etc.	3. Mailing Address 2287 Statesbury Way Suite, Apt. #, etc.
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07012005 Chg-LLC CR2E083 (10/03)

City & State WPB FL	City & State WPB FL
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4. FEI Number 34-1995470	Applied For Not Applicable
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Zip 33414	Country Palm Beach	Zip 33414	Country Palm Beach
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ABDEL-HALIM, JAMAL 4274 DANIELSON DRIVE LAKE WORTH, FL 33467	7. Name and Address of New Registered Agent Name: Abdel-Halim Jamal Street Address (P.O. Box Number is Not Acceptable): 2287 Statesbury Way City: WPB FL Zip Code: 33414
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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 September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDEL-HALIM, JAMAL 4274 DANIELSON DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDEL-HALIM JAMAL 2287 Statesbury Way WPB, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLYMPIAN TRIP LIMITED PARTNERSHIP 4274 DANIELSON DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Olympian Trip limited partnership 2287 Statesbury Way WPB, FL 33414 <input checked="" 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
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: Abdel-Halim Jamal 7/11/05 (561) 9650566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #