

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047253

Entity Name: SHAN TIKI, LLC

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

125 E. MERRITT ISLAND CSWY
SUITE 209153
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

125 E. MERRITT ISLAND CSWY
SUITE 209153
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-1279310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FISCHER, CHARLES
125 E. MERRITT ISLAND CSWY
SUITE 209153
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FISCHER, CHARLES
Address: 125 E. MERRITT ISLAND CSWY, SUITE 209153
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGRM () Delete
Name: FISCHER, MONICA L
Address: 125 E. MERRITT ISLAND CSWY, SUITE 209153
City-St-Zip: MERRITT ISLAND, FL 32952 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES FISCHER

MGR

05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date