2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

4-27-05 772-260-1509
Date Daytime Phone #

DOCUMENT # L04000047537 1. Entity Name SHAW SERVICES, LLC							05-02-2005 90372 018 ****50.00				00
Principal Place of Business 562 NE 21 TERR OCALA, FL 34470			Mailing Address P. O. BOX 6856 OCALA, FL 34478								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02252005	Chg-LLC	CR2E	983 (10/03)	
City & State			City & State				4. FEI Number Applied For Not Applicable				
Zip		Country	Zip Country				5. Certificate of Status Desired				
Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered	Agent	•
SHAW ME	ELVIN E				Name						
SHAW, MELVIN E 562 NE 21 TERR OCALA, FL 34470						ddress (F	P.O. Box Numb	er is Not Acceptable	e)		
					City				FL	Zip Code	e
8. The above named entity submits this statement for the purpose of changing its regist					ed office or	FL					
the obligati	ions of regist		, , , , , , , , , , , , , , , , , , , ,								
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E Pegistere	d Agent signatu	re required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005									•	ayable to ent of State	•
9.		MANAGING MEMBER	S/MANAGERS	10.				ADDITIONS/	CHANGES		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE