

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051569

FILED
Jan 07, 2006
Secretary of State

Entity Name: SHAWN MATTHEW YONKIN. LLC

Current Principal Place of Business:

6805 OLD LK. WILSON RD.
#7
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

752 PETE'S LANE
DAVENPORT, FL 33837 US

New Mailing Address:

233 GRAND RESERVE DRIVE
DAVENPORT, FL 33837 US

FEI Number: 20-1353583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YONKIN, SHAWN M
6805 OLD LK. WILSON RD.
#7
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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: YONKIN, SHAWN M
Address: 6805 OLK LK. WILSON RD. #7
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM () Delete
Name: KAY JOHNSON, JODI
Address: 6805 OLD LK. WILSON RD.
City-St-Zip: DAVENPORT, FL 33837 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 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: SHAWN MATTHEW YONKIN

MGRM

01/07/2006

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