## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051569

Entity Name: SHAWN MATTHEW YONKIN. LLC

FILED Jan 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6805 OLD LK. WILSON RD. 752 PETE'S LANE

#7 DAVENPORT, FL 33837 US

DAVENPORT, FL 33837 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

YONKIN, SHAWN M
6805 OLD LK. WILSON RD.
47
YONKIN, SHAWN M
752 PETE'S LANE
DAVENPORT, FL 33837 US

DAVENPORT, FL 33837 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: SHAWN M. YONKIN 01/03/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 YONKIN, SHAWN M
 Name:
 YONKIN, SHAWN M

 Address:
 6805 OLK LK. WILSON RD. #7
 Address:
 752 PETE'S LANE

 City-St-Zip:
 DAVENPORT, FL 33837 US
 City-St-Zip:
 DAVENPORT, FL 33837 US

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KAY JOHNSON, JODI
 Name:

 Address:
 6805 OLD LK. WILSON RD.
 Address:

 City-St-Zip:
 DAVENPORT, FL 33837 US
 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 M. YONKIN MGRM 01/03/2007