


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90244 039 \*\*\*\*50.00

<b>DOCUMENT # L04000055697</b> 1. Entity Name <b>SHINESREALTY ADVISORS, LLC</b>					
Principal Place of Business <b>2431 ALOMA AVENUE SUITE 110 WINTER PARK, FL 32792 US</b>			Mailing Address <b>1554 HARRIS CIRCLE WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HINES, SAMUEL W 1554 HARRIS CIRCLE WINTER PARK, FL 32789</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	HINES, SAMUEL W		NAME		
STREET ADDRESS	2431 ALOMA AVENUE-SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: Samuel W. Hines</b>			<b>4/15/05 407-788-3331</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT  
20059012  
L04000055697  
SAM HINES, LLC  
SHINES REALTY ADVISORS  
Licenced Real Estate Broker BK 131749

May 10, 2005

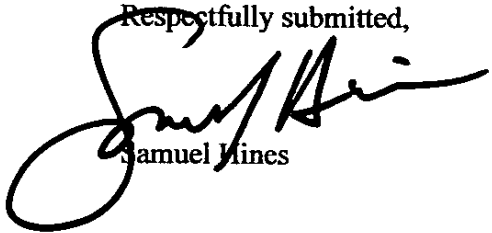
Division of Corporations  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

Re: Limited Liability Annual Report

Dear Division

Please find enclosed my check and form for filing the Limited Liability Annual Report for Shines Realty Advisors. This company had no annual meeting during the year as there was no business activity, therefore no income or expenses generated for the company. There were also no ownership or management changes.

Respectfully submitted,



Samuel Mines