


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90314 036 ***138.75

DOCUMENT # L04000055697 1. Entity Name SHINESREALTY ADVISORS, LLC <i>Shines Realty Advisors, LLC</i>					
Principal Place of Business 2431 ALOMA AVENUE SUITE 110 WINTER PARK, FL 32792 US			Mailing Address 1554 HARRIS CIRCLE WINTER PARK, FL 32789 US		
2. Principal Place of Business - No P.O. Box # 1554 Harris Circle Suite, Apt. #, etc.		3. Mailing Address 1554 Harris Circle Suite, Apt. #, etc.			
City & State Winter Park, FL Zip 32789		City & State Winter Park, FL Zip 32789		Country ORANGE	
6. Name and Address of Current Registered Agent HINES, SAMUEL W 1554 HARRIS CIRCLE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>April 2, 2008</i>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINES, SAMUEL W 2431 ALOMA AVENUE SUITE 110 WINTER PARK, FL 32792 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1554 Harris Circle Winter Park, FL 32789	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE <i>April 2, 2008</i> Daytime Phone #		