

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056055

Entity Name: SHAPE LOVERS, LLC

FILED  
Apr 27, 2007  
Secretary of State

**Current Principal Place of Business:**

6775 WEST FLAGLER STREET  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

6775 WEST FLAGLER STREET  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 20-1428469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
CORPORATE CENTER THREE AT INTERNATIONAL PL  
4221 W. BOY SCOUT BLVD., 10TH FLOOR  
TAMPA, FL 336075736 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: PRES ( ) Delete  
Name: CHAPELLI, ARMANDO C CEO  
Address: 1111 CRANDON BLVD A202  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TREA ( ) Delete  
Name: MARTIN, JOHN A CFO  
Address: 4915 AUBURN AVE  
City-St-Zip: BETHESDA, MD 20814

**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 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: ANDRE S. LOPEZ

GM

04/27/2007

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