2005 LIMITED LIABILITY COMPANY - ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # L0400056526 1. Entity Name SHC ADMINISTRATIVE SERVICES, LLC				05-04-2005 90045 045 ****50.00				
Principal Place of Business Mailing Address				1	₩.	55		
50 W. MASHTA DR. 50 W. MASHTA DR.								
2 KEY BISCAYNE, FL 33149	KEY BISCAYNE, FL 331	y Biscayne, Fl 33149		 	 	I BOTEL BELLE ENDE GUND VERUN BU	LE L (U. 1 65)	
2. Principal Place of Business	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03212005	Chg-LLC	CR2E083 (10/03)		
City & State	City & State	· · · · · · · · · · · · · · · · · · ·		4. FELNumb	0876	713 No	plied For t Applicable	
Zip Country	Zip	Count	ry —— - —	5. Certificate	of Status Desired	□ \$5.00 Add .Eee.Required		
6. Name and Address of Curre				7. Name and Address of New Registered Agent				
			Name Roberto G. Corres					
CHRISTIAN, CEVALLOS 50 W. MASHTA DR.			Street Address (P.O. Box Number is Not Acceptable)					
2 KEY BISCAYNE, FL 33149		}	50 W	Mashta	Drive	Quite # 2	J	
			cinKeu	PSIGCA	me	FL zigcg	149	
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 4-22-05								
Signature, typed or printed name of grates to au	nt and title (Applicable) (NOTE	negistarec) Agent signature require	G wien revisialist)		UNIC		
Filing Fee is \$50.00 Due by May 1, 2005		·, · .				e check payable to a Department of State	9	
9. MANAGING MEMBERS/MANAGERS		10.	•		ADDITIONS	/CHANGES		
TITLE MGRM	Delete	TITLE				Change	Addition	
NAME CEVALLOS, CHRISTIAN E		NAME						
STREET ADDRESS 50 W. MASHTA DR. #2 CITY-ST-ZIP KEY BISCAYNE, FL 33149			ET ADDRESS -ST-ZIP					
TITLE MGRM	Delete	TITLE				☐ Change	Addition	
NAME CAAMAÑO, CARMEN P		NAM						
STREET ADDRESS 50 W. MASHTA DR. #2 CITY-ST-ZIP KEY BISCAYNE, FL 33149	_ ·		ET ADDRESS - \$t - Zip					
TITLE MGRM	■ Delete	TITLE				☐ Change	Addition:	
NAME ROCCO, FABIAN	Deserte	NAME						
STREET ADDRESS 50 W. MASHTA DR. #2			ET ADDRESS					
CITY-ST-ZIP KEY BISCAYNE, FL 33149		CITY	-ST-ZIP		·			
TITLE MGRM	☐ Delete	TITLE				☐ Change	Addition	
NAME WEISSON, ERNESTO H STREET ADDRESS 50 W. MASHTA DR.		NAM! STRE	ET ADDRESS					
CITY-ST-ZIP KEY BISCAYNE, FL 33149			-ST-ZIP					
TITLE MGRM.	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME CORTES, ROBERTO		NAM						
STREET ADDRESS 50 W. MASHTA DR.	×		ET ADDRESS -ST-ZIP					
		TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE - NAME	. Delete	NAM				L. Crialiye	Addition	
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS*	ساستماری ۱۹ این میواد ۱۹ ایساست میدادی	3. m -			
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 flability company or the receiver or trustee amployed to execute this report as required by Chapter 608, Florida Statutes.								

SIGNATURE:
SIGNATURE AND EVEN OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

1-22-05 Date 365-7676

Daytime Phone #