

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056816

FILED
Apr 12, 2006
Secretary of State

Entity Name: SHARED MANAGEMENT GROUP LLC

Current Principal Place of Business:

21 OLD KINGS ROAD N
B 212
PALM COAST, FL 32137

New Principal Place of Business:

48 PLAINVIEW DRIVE
B
PALM COAST, FL 32164

Current Mailing Address:

21 OLD KINGS ROAD N
B 212
PALM COAST, FL 32137

New Mailing Address:

P.O. BOX 352288
PALM COAST, FL 32135

FEI Number: 20-1432967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117 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: P () Delete
Name: BUSTAMANTE, HELEN-LISSETTE
Address: 21 OLD KINGS RD NORTH STE B 212
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: DELAHOZ, JOHNNY
Address: 21 OLD KINGS RD NORTH STE B 212
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BUSTAMANTE, HELEN-LISSETTE
Address: 48 PLAINVIEW DRIVE #B
City-St-Zip: PALM COAST, FL 32164

Title: VP (X) Change () Addition
Name: DELAHOZ, JOHNNY
Address: 48 PLAINVIEW DRIVE #B
City-St-Zip: PALM COAST, FL 32164

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: HELEN-LISSETTE BUSTAMANTE

P

04/12/2006

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