

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90035 022 ****50.00

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DOCUMENT # L04000058433 1. Entity Name SHANNON LEWIS, LLC					
Principal Place of Business 100 SEASCAPE DR. UNIT 190 PO Box 9033 DESTIN, FL 32550 MIRAMAR BEACH, FL 32550				Mailing Address 100 SEASCAPE DR. UNIT 190 DESTIN, FL 32550 SAME	
2. Principal Place of Business PO Box 9033		3. Mailing Address Suite, Apt. #, etc.			
City & State MIRAMAR BEACH, FL		City & State		4. FEI Number 743126163	
Zip 32550		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDER, JIM 102 OAKHILL AVENUE FT. WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEWIS, SHANNON 100 SEASCAPE DR. UNIT 190 PO Box 9033 DESTIN, FL 32550 MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: Shannon M Lewis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			8-11-05 850-585-7788 <small>Date Daytime Phone #</small>		