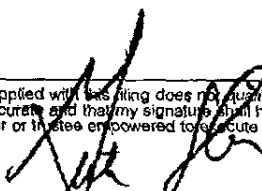


FILED
Apr 17, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000061908		
1. Entity Name SHEER IMPACT LLC		
Principal Place of Business P.O. BOX 486 SARASOTA, FL 34230		Mailing Address P.O. BOX 486 SARASOTA, FL 34230
DO NOT WRITE IN THIS SPACE		
		01182006No Chg-LLC CR2E083 (11/05)
4. FEI Number 56-2479301		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
U00000516262 04/28/06-80242-016 \$0.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVER, GRETA P.O. BOX 486 SARASOTA, FL 34230	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  GRETA SILVER 4/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		