

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065819

FILED
Mar 17, 2009
Secretary of State

Entity Name: MICHAEL SHAPIRO TRUST, LLC

Current Principal Place of Business:

9023 PARK BOULEVARD
SEMINOLE, FL 33777 US

New Principal Place of Business:

11716 HARBORSIDE CIRCLE
LARGO, FL 33773 US

Current Mailing Address:

9023 PARK BOULEVARD
SEMINOLE, FL 33777 US

New Mailing Address:

11716 HARBORSIDE CIRCLE
LARGO, FL 33773 US

FEI Number: 83-0413529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, MICHAEL
9023 PARK BOULEVARD
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

SHAPIRO, MICHAEL
11716 HARBORSIDE CIRCLE
LARGO, FL 33773 US

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: MICHAEL SHAPIRO

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAPIRO, MICHAEL
Address: 9023 PARK BOULEVARD
City-St-Zip: SEMINOLE, FL 33777 US

Title: MGR () Delete
Name: CAPUANO, GARY
Address: 530 EAST CENTRAL BOULEVARD, #1601
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAPIRO, MICHAEL
Address: 11716 HARBORSIDE CIRCLE
City-St-Zip: LARGO, FL 33773 US

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: MICHAEL SHAPIRO

MGR

03/17/2009

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