

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90273 038 \*\*\*150.00

**DOCUMENT # L04000066350**

1. Entity Name  
**S.H.A.R.E. INVESTMENTS, LLC**



Principal Place of Business  
**2550 N. FEDERAL HWY., SUITE 2  
FORT LAUDERDALE, FL 33305**

Mailing Address  
**2550 N. FEDERAL HWY., SUITE 2  
FORT LAUDERDALE, FL 33305**

2. Principal Place of Business  
**2550 N. Federal Hwy**

3. Mailing Address  
**2550 N. Federal Hwy**

Suite, Apt. #, etc.  
**Suite 18**

Suite, Apt. #, etc.  
**Suite 18**

03132006 Chg-LLC CR2E083 (11/05)

City & State  
**Ft. Lauderdale, Fl.**

City & State  
**Ft. Lauderdale, Fl.**

4. FEI Number  
**65-0792151**

Applied For  
☐ Not Applicable

Zip  
**33305**

Country  
**USA**

Zip  
**33305**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PICKARD, SHARON  
2550 N. FEDERAL HIGHWAY, STE. 2  
FORT LAUDERDALE, FL 33305**

**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 *Sharon A. Pickard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-13-06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKARD, SHARON 2550 N. FEDERAL HWY., SUITE 2 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2550 N. Federal Hwy. Suite 18</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Sharon A. Pickard*

**3-13-06**

**954 564-5168**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Phone #