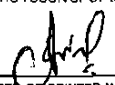


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90098 023 ****50.00

DOCUMENT # L04000072454 1. Entity Name SHAMAN GROUP, L.L.C.					
Principal Place of Business 15104 BENGE COURT ORLANDO, FL 32828			Mailing Address 15104 BENGE COURT ORLANDO, FL 32828		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1714700 Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01202005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent PATEL, VIRAL 15104 BENGE COURT ORLANDO, FL 32828			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 May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, AMRISH 1488 E. SEMORAN BLVD. APOPKA, FL 32703	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BODHANWALA, PRASHANT 842 ARBORMOOR PLACE LAKE MARY, FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, ANISH 770 BOONE STATION DR., APT. #G BURLINGTON, NC 27215	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, NILESHKUMAR 31799 U.S. HIGHWAY 27 HANES CITY, NC 33844	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, VIRAL 15104 BENGE COURT ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RANNA 1488 E. SEMORAN BLVD. APOPKA, FL 32703	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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:  AMRISH. PATEL			04-29-05 (407) 886-7644		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					