2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000074412

Entity Name: LIONSHARE INVESTMENTS, LLC

Current Principal Place of Business:

14255 U.S. HIGHWAY ONE
SUITE 209
JUNO BEACH, FL 33408 US

New Principal Place of Business:

1005 WEST INDIANTOWN ROAD
SUITE 201
JUPITER, FL 33458 US

Current Mailing Address:

14255 U.S. HIGHWAY ONE
SUITE 209
JUNO BEACH, FL 33408 US

New Mailing Address:

1005 WEST INDIANTOWN ROAD
SUITE 201
JUPITER, FL 33458 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WENDY K
14255 U.S. HIGHWAY ONE
SUITE 209
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

FOSTER-DEPINTO, WENDY K
1005 WEST INDIANTOWN ROAD
SUITE 201
JUPITER, FL 33458 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: WENDY K. FOSTER-DEPINTO 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: FOSTER, WENDY K
Address: 14255 U.S. HIGHWAY ONE, SUITE 209
City-St-Zip: JUNO BEACH, FL 33408 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOSTER-DEPINTO, WENDY K
Address: 1005 WEST INDIANTOWN ROAD, SUITE 201
City-St-Zip: JUPITER, FL 33458 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WENDY K. FOSTER-DEPINTO MGRM 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date