2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077036

Entity Name: SHORTWORKS, LLC

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

241 WATEREDGE DRIVE NORTH 5018 BRIDGEWATER CIRCLE JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

5018 BRIDGEWATER CIRCLE JACKSONVILLE, FL 32207

FEI Number: 20-2008696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHORT, FREDERICK R JR 3733 UNIVERSITY BOULEVARD WEST SUITE 203 JACKSONVILLE, FL 32217 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SHORT, THEODORE R
 Name:

 Address:
 241 WATEREDGE DRIVE NORTH
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SHORT, STEVEN R
 Name:

 Address:
 5018 BRIDGEWATER CIRCLE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SHORT, MARY L
 Name:

 Address:
 1259 WOODWARD AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN R. SHORT MGR 04/27/2006