

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088213

Entity Name: SHB ENTERPRISES, LLC

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

511 - G HWY 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

4550 JOHN AVENUE
4
DESTIN, FL 32541

Current Mailing Address:

P.O. BOX 519
DESTIN, FL 32540

New Mailing Address:

4550 JOHN AVENUE
4
DESTIN, FL 32541

FEI Number: 20-2068715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, STEVE H
511 - G HWY 98 EAST
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

BARBER, STEVE H
4550 JOHN AVENUE
4
DESTIN, FL 32541 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: STEVE H BARBER

03/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BARBER, STEVE H
Address: P.O. BOX 519
City-St-Zip: DESTIN, FL 32540

Title: MGR () Delete
Name: BARBER, TAMMY
Address: P.O. BOX 519
City-St-Zip: DESTIN, FL 32540

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARBER, STEVE H
Address: 4550 JOHN AVENUE #4
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: BARBER, TAMMY
Address: 4550 JOHN AVENUE #4
City-St-Zip: DESTIN, FL 32541

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: STEVE H BARBER/TAMMY BARBER

MGR

03/02/2005

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