2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# L04000093548

Entity Name: SHOAF, LLC

Current Principal Place of Business:

919 SHADOW LAWN DRIVE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

919 SHADOWLAWN DRIVE
TALLAHASSEE, FL 32312 US

Current Mailing Address:

919 SHADOW LAWN DRIVE
TALLAHASSEE, FL 32312 US

New Mailing Address:

919 SHADOWLAWN DRIVE
TALLAHASSEE, FL 32312 US

FEI Number: 20-2073815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: SHOAF, STUART L
Address: P.O. BOX 772
City-St-Zip: PORT ST. JOE, FL 32457 US

Title: MGRM ( ) Delete
Name: SHOAF, CHARLES A
Address: P.O. BOX 772
City-St-Zip: PORT ST. JOE, FL 32457 US

Title: MGRM ( ) Delete
Name: SHOAF, JASON S
Address: 919 SHADOW LAWN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SHOAF, JASON S
Address: 919 SHADOWLAWN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 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: JASON SHOAF MGRM 07/01/2005

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