## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000002406** 

1. Entity Name
SHALLOW LAKE PARTNERS, LLC



FILED Mar 23, 2007 08:00 A Secretary of State

Principal Place of Business

2020 N. E. 57TH STREET FORT LAUDERDALE, FL 33308 US Mailing Address

2020 N. E. 57TH STREET FORT LAUDERDALE, FL 33308

US



## DO NOT WRITE IN THIS SPACE

02152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
20-2128956	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

	,	IN THIS SPACE		
	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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE		
F	lling Fee is \$50.00 ue by May 1, 2007	pplicable (NOTE: Registered Agent signature required when reinstating) , DATE		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHMOND, HEATHER 2020 NE 57TH ST FORT LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME	1			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPREGEN

3/1/07

561-689-660

Daylime Phone #