

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017811

FILED
May 15, 2006
Secretary of State

Entity Name: SHADOW LAWN DRIVE, LLC

Current Principal Place of Business:

32 CUSTOM HOUSE STREET, SUITE 510
PROVIDENCE, FI 02903

New Principal Place of Business:

5401 SHADOW LAWN DRIVE
SARASOTA, FI 34242

Current Mailing Address:

32 CUSTOM HOUSE STREET, SUITE 510
PROVIDENCE, FI 02903

New Mailing Address:

5401 SHADOW LAWN DRIVE
SARASOTA, FI 34242

FEI Number: 06-1580348 **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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

WERNER, WENDY J MS
5401 SHADOW LAWN DRIVE
SARASOTA, FL 34242 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 J WERNER

05/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOYLAN, THOMAS J ESQ.
Address: 32 CUSTOM HOUSE STREET, SUITE 510
City-St-Zip: PROVIDENCE, FI 02903

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WENDY, WERNER J
Address: 5401 SHADOWLAWN DRIVE
City-St-Zip: SARASOTA, FL 34242

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: WENDY J WERNER

MGRM

05/15/2006

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