

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019891

Entity Name: 3424 SHADER LLC

FILED
Feb 27, 2006
Secretary of State

Current Principal Place of Business:

1321 EDGEWATER DR., SUITE 2
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1321 EDGEWATER DR., SUITE 2
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 34-2036758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, WILLIAM D III
1321 EDGEWATER DR., SUITE 2
ORLANDO, FL 32804 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: WILLIAMS, BRYANTT
Address: 1321 EDGEWATER DR., SUITE 2
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: ROBERT WHITNEY DUNCA, N, JR.
Address: 1120 BELLEAIRE CIRCLE
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: WILLIAM D. BISHOP II, I REVOCABLE TR U ST
Address: 1321 EDGEWATER DR., SUITE 2
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
Address:
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: WILLIAM D BISHOP

MGR

02/27/2006

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