

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020186

FILED
Jan 15, 2008
Secretary of State

Entity Name: SHORELINE INVESTING ENTERPRISES LLC

Current Principal Place of Business:

4351 GULFSHORE BLVD NORTH
PH3
NAPLES, FL 34103 US

New Principal Place of Business:

2390 TAMiami TRAIL NORTH
SUITE # 108
NAPLES, FL 34103 US

Current Mailing Address:

4351 GULFSHORE BLVD NORTH
PH3
NAPLES, FL 34103 US

New Mailing Address:

2390 TAMiami TRAIL NORTH
SUITE # 108
NAPLES, FL 34103 US

FEI Number: 20-2578379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR
2730 WHITE SANDS DRIVE
SUITE 3-A
SARASOTA, FL 34231 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: MGR () Delete
Name: LIPPERT, LARRY D
Address: 4351 GULFSHORE BLVD NORTH PH3
City-St-Zip: NAPLES, FL 34103 US

Title: MGR () Delete
Name: DANCER, BRAD B
Address: 6634 NATURE PRESERVE CT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LIPPERT, LARRY D
Address: 4101 GULFSHORE BLVD NORTH PH3
City-St-Zip: NAPLES, FL 34103 US

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

I hereby certify that the information supplied with this filing does not qualify 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: BRAD B. DANCER

MGR

01/15/2008

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