

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020186

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** SHORELINE INVESTING ENTERPRISES LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2051 TRADE CENTER WAY  
NAPLES, FL 34109 US

**Current Mailing Address:**

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

**New Mailing Address:**

2051 TRADE CENTER WAY  
NAPLES, FL 34109 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: 4101 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: ( ) 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 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 DANCER

MGR

04/28/2009

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