

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90129 001 \*\*\*138.75

DOCUMENT # L05000023274

1. Entity Name  
SHINN ROAD INVESTMENTS, LLC



Principal Place of Business  
C/O STILES CORPORATION  
300 SE 2ND ST ATTN: PATRICIA JONES  
FT LAUDERDALE, FL 33301

Mailing Address  
C/O STILES CORPORATION  
300 SE 2ND ST ATTN: PATRICIA JONES  
FT LAUDERDALE, FL 33301

60013837



01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, PATRICIA  
C/O STILES CORPORATION  
300 SE 2ND ST  
FT LAUDERDALE, FL 33301

Name  
Robert Esposito  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Stiles Corporation  
300 SE 2nd Street  
City  
Ft. Lauderdale FL Zip Code  
33301

8. 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.

Robert Esposito

January 31, 2008

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
STILES, TERRY W  
300 SE 2ND ST  
FT LAUDERDALE, FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Terry W. Stiles

January 31, 2008

954-627-9300

Date

Daytime Phone #