
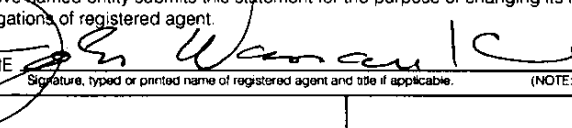
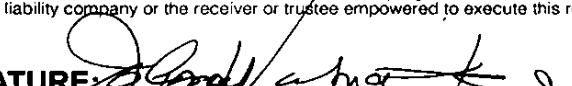


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 016 ****50.00

DOCUMENT # L05000027293 1. Entity Name SHADICK PARTNERS, LLC			
Principal Place of Business ATTN: JOHN WANAMAKER 2574 SOUTH VOLUSIA AVE ORANGE CITY, FL 32763		Mailing Address ATTN: JOHN WANAMAKER 2574 SOUTH VOLUSIA AVE ORANGE CITY, FL 32763	
2. Principal Place of Business - No P.O. Box # 1019 Town Center Drive Orange City, Florida 32763		3. Mailing Address 1019 Town Center Dr Suite, Apt. #, etc. Orange City City & State FL Zip 32763 Country USA	
4. FEI Number 20-2536974		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03272007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WANAMAKER, JOHN CCIM 2574 SOUTH VOLUSIA AVE ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name Wanamaker, John CCIM Street Address (P.O. Box Number is Not Acceptable) 1019 Town Center Drive City Orange City, Florida 32763 Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. SIGNATURE  DATE 4/4/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WANAMAKER, JOHN 2574 SOUTH VOLUSIA AVE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wanamaker, John 1019 Town Center Drive Orange City, Florida 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/3/07 386.775-8633	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	