
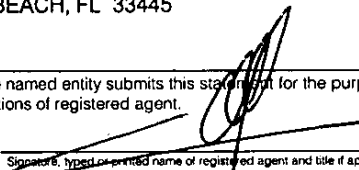
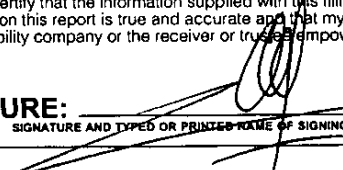


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90113 031 \*\*\*\*50.00

<b>DOCUMENT # L05000042136</b>					
<b>1. Entity Name</b> SHGH LLC					
<b>Principal Place of Business</b> 11119 BLUE CORAL DRIVE BOCA RATON, FL 33498			<b>Mailing Address</b> 11119 BLUE CORAL DRIVE BOCA RATON, FL 33498		
<b>2. Principal Place of Business - No P.O. Box #</b> 10384 MILBURN LANE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 10384 MILBURN LANE Suite, Apt. #, etc.			
<b>City &amp; State</b> BOCA RATON FL Zip 33498 Country USA		<b>City &amp; State</b> BOCA RATON FL Zip 33498 Country USA		<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> COMPLETE BUSINESS ADVISORS INC 990 S CONGRESS AVENUE SUITE 4 DELRAY BEACH, FL 33445			<b>7. Name and Address of New Registered Agent</b> Name: HALIMI BRUNO Street Address (P.O. Box Number is Not Acceptable): 10384 MILBURN LANE City: BOCA RATON FL Zip Code: 33498		
<b>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.</b>					
<b>SIGNATURE</b>  Signature, typed or printed name of registered agent and title if applicable.		Bruno Halimi (NOTE: Registered Agent signature required when reinstating)		01/24/07 DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> MGR <b>NAME</b> HALIMI, BRUNO <b>STREET ADDRESS</b> 11119 BLUE CORAL DRIVE <b>CITY-ST-ZIP</b> BOCA RATON, FL 33498	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	MGR HALIMI, BRUNO 10384 MILBURN LANE BOCA RATON FL 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b>  Signature and typed or printed name of signing managing member, manager, or authorized representative		Bruno Halimi		01/24/07 5616743533 Date Daytime Phone #	