


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000045036 1. Entity Name SHACORE, LLC	
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Principal Place of Business 5349 ISLAND GYPSY DRIVE GREENACRES, FL 33463	Mailing Address 5349 ISLAND GYPSY DRIVE GREENACRES, FL 33463
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2824360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GORDON, GAFTON L 5349 ISLAND GYPSY DRIVE GREENACRES, FL 33463

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GORDON, GAFTON L 5349 ISLAND GYPSY DRIVE GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GORDON, GLENETA H 5349 ISLAND GYPSY DRIVE GREENACRES, FL 33463
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<p>U000000744076 05/15/07-80133-015 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Gafton L. Gordon</u> (Gafton L. Gordon)	<u>4/28/2007</u>	<u>561-641-8695</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>