


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000051938 1. Entity Name SHORE THING PROPERTIES, L.L.C.	
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Principal Place of Business 1421 NW 100TH WAY PLANTATION, FL 33322	Mailing Address 8395 W. OAKLAND PARK BLVD. SUITE A SUNRISE, FL 33351
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02032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1680829	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RASKIN, SHERYL 1421 NW 100TH WAY PLANTATION, FL 33322
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**DO NOT WRITE
IN THIS SPACE**

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. (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 RASKIN, SHERYL 1421 NW 100TH WAY PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASKIN, DAVID 1421 NW 100TH WAY PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUBER, DEBRA 9429 NW 39TH PLACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUBER, STEVEN 9429 NW 39TH PLACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABINOWITZ, JEFFREY 9400 NW 18TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABINOWITZ, DONNA 9400 NW 18TH PLACE PLANTATION, FL 33322

U00000629655
02/19/07-80010-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Debra Schubert* **DEBRA SCHUBER**

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

Date

Daytime Phone #

2/3/07 **(954) 742-7032**