

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051938

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: SHORE THING PROPERTIES, L.L.C.

**Current Principal Place of Business:**

1421 NW 100TH WAY  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8395 W. OAKLAND PARK BLVD. SUITE A  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 84-1680829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RASKIN, SHERYL  
1421 NW 100TH WAY  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RASKIN, SHERYL  
Address: 1421 NW 100TH WAY  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete  
Name: RASKIN, DAVID  
Address: 1421 NW 100TH WAY  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete  
Name: SCHUBER, DEBRA  
Address: 9429 NW 39TH PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: MGRM ( ) Delete  
Name: SCHUBER, STEVEN  
Address: 9429 NW 39TH PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: MGRM ( ) Delete  
Name: RABINOWITZ, JEFFREY  
Address: 9400 NW 18TH PLACE  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete  
Name: RABINOWITZ, DONNA  
Address: 9400 NW 18TH PLACE  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 SCHUBER

MGRM

04/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date