

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053666

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: SHORELINE HOME IMPROVEMENT LLC

**Current Principal Place of Business:**

653 LONGWOOD COURT  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

653 LONGWOOD COURT  
EASTPOINT, FL 32328

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A  
DELTONA, FL 32725 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: MGR ( ) Delete  
Name: CREWS, RYAN P MGR  
Address: 653 LONGWOOD COURT  
City-St-Zip: EASTPOINT, FL 32328

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: SCHMIDT, ROBERT M  
Address: 653 LONGWOOD CT  
City-St-Zip: EASTPOINT, FL 32328

Title: MGR ( ) Change (X) Addition  
Name: DATEMAN, MICHAEL D  
Address: 653 LONGWOOD CT  
City-St-Zip: EASTPOINT, FL 32328

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: RYAN P CREWS

MGR

01/17/2008

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