

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90063 028 ****50.00

DOCUMENT # L05000054658					
1. Entity Name SHAYMAN PROPERTIES, LLC					
Principal Place of Business 411 VANDERKLOOT DRIVE OSPREY, FL 34229			Mailing Address 411 VANDERKLOOT DRIVE OSPREY, FL 34229		
2. Principal Place of Business - No P.O. Box # 8620 S. TAMiami Trail		3. Mailing Address 8620 S. TAMiami Trail			
Suite, Apt. #, etc. Suite N-P		Suite, Apt. #, etc. Suite N-P			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34238		Country U.S.A.			
01042007		Chg-LLC		CR2E083 (12/06)	
4. FEI Number 20-2937974				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent					
SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236					
7. Name and Address of New Registered Agent					
Name: Alessandro A. Giannini, P.D.S.					
Street Address (P.O. Box Number is Not Acceptable): 8620 S. TAMiami Trail					
Suite N-P					
City: Sarasota FL Zip Code: 34238					
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:				DATE: 1/10/07	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANNINI, ALESSANDRO A D.D.S. <input type="checkbox"/> Delete 411 VANDERLOOT DRIVE OSPREY, FL 34229				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANNINI, DEBORAH <input type="checkbox"/> Delete 411 VANDERLOOT DRIVE OSPREY, FL 34229				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alessandro A. Giannini, P.D.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8620 S. TAMiami Trail, Suite N-P Sarasota, FL 34238				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:				Date: 1/10/07	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					