

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 24, 2007  
Secretary of State**

DOCUMENT# L05000057626

Entity Name: SHAWN WHITAKER ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

345 PINEY RIDGE ROAD  
CASSELBERRY, FL 327073805

**New Principal Place of Business:**

**Current Mailing Address:**

345 PINEY RIDGE ROAD  
CASSELBERRY, FL 327073805

**New Mailing Address:**

FEI Number: 20-3018607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WHITAKER, SHAWN  
345 PINEY RIDGE ROAD  
CASSELBERRY, FL 327073805 US

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: WHITAKER, SHAWN  
Address: 345 PINEY RIDGE ROAD  
City-St-Zip: CASSELBERRY, FL 327073805

**ADDITIONS/CHANGES:**

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: SHAWN WHITAKER

OWNE

08/24/2007

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