# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 14, 2007**
**Secretary of State**

DOCUMENT# L05000058771

**Entity Name:** SHINN ROAD, LLC.

**Current Principal Place of Business:**

9355 GALLARDO ST.
CORAL GABLES, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9355 GALLARDO ST.
CORAL GABLES, FL 33156 US

**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:**

LEAL, EDUARDO A
9355 GALLARDO ST.
CORAL GABLES, FL 33156 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: LEAL, EDUARDO A
Address: 9355 GALLARDO ST.
City-St-Zip: CORAL GABLES, FL 33156 US

Title: MGR ( ) Delete
Name: COSEO, JAMES
Address: 5049 N. HWY. A1A, #404
City-St-Zip: FORT PIERCE, FL 34949 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition
Name: COSEO, JAMES
Address: 31 HARBOUR ISLE DRIVE WEST UNIT 102
City-St-Zip: FORT PIERCE, FL 34949 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EDUARDO LEAL MGR 03/14/2007

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