## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000069881**

1. Entity Name

SHALLY REAL ESTATE HOLDINGS OF FLORIDA, LLC



Principal Place of Business

3195 LEGACY TRACE CINCINNATI, OH 45237 Mailing Address

3195 LEGACY TRACE CINCINNATI, OH 45237

## FILED Apr 16, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01042007 No Chg-LLC CR2E083 (11/05)

f. FEI Number	Applied For
20-3151461	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

MUNN, MICHAEL 1009 SOUTHEAST 36TH TERRACE CAPE CORAL, FL 33904 DO NOT WRITE
IN THIS SPACE

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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg		(NOTE: Registered Agent signature required when reinstating)	ed Agent signature required when re-instating) DATE		
	ling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL , TROY J 3195 LEGACY TRACE CINCINNATI, OH 45237				
NAME STREET ADDRESS CITY-ST-ZIP			U00000711974 04/26/07-80028-019 50.00		
TITLE .  NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · .				
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sholility company or the receiver or trustee empowered to exer	qualify for the exemptions contained in Chapter 119, Flori hall have the same legal effect as if made under oath; that cute this report as required by Chapter 608, Florida Statu	da Statutes. I further certify that the information at I am a managing member or manager of the tes.		