

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90056 040 ****50.00

DOCUMENT # L05000076093 1. Entity Name SHADY OAK RIDGE, LLC			
Principal Place of Business 2616 BRIDLE DRIVE PLANT CITY, FL 33566		Mailing Address 2616 BRIDLE DRIVE PLANT CITY, FL 33566	
2. Principal Place of Business 2621 Brookside Bluff Loop Suite, Apt. #, etc.		3. Mailing Address 2621 Brookside Bluff Loop Suite, Apt. #, etc.	
City & State Lakeland, FL Zip Country 33813		City & State Lakeland, FL Zip Country 33813	
4. FEI Number 20-3253291		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 YARBROUGH, MATTHEW T 2616 BRIDLE DRIVE PLANT CITY, FL 33566		7. Name and Address of New Registered Agent - Name Tower, William E. Jr Street Address (P.O. Box Number is Not Acceptable) 2621 Brookside Bluff Loop City Lakeland FL Zip Code 33813	
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 <u><i>William E. Tower Jr</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/4/06</u>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>William E. Tower Jr</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u>4/4/06</u> 863-944-0799 Date Daytime Phone #	

William E. Tower, Jr.