

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90130 001 \*\*\*\*50.00  
04-26-2006 90130 002 \*\*\*\*\*5.00

**30006166**



04212006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000079231</b> 1. Entity Name <b>SCOTT SHORES L.L.C.</b>					
Principal Place of Business <b>PO BOX 6263 DESTIN, FL 32550</b>			Mailing Address <b>PO BOX 6263 DESTIN, FL 32550</b>		
2. Principal Place of Business <b>1706 Ivala Circle</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1706 Ivala Circle</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Navarre FL</b> <small>Zip Country</small> <b>32566 Santa Rosa</b>		City & State <b>Navarre FL</b> <small>Zip Country</small> <b>32566 Santa Rosa</b>		4. FEI Number <b>51-0552007</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHORES, SCOTT 816 PIPPIN DR. MARY ESTHER, FL 32569</b>			7. Name and Address of New Registered Agent <small>Name</small> <b>Scott Shores</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>1706 Ivala Circle</b> <small>City</small> <b>Navarre</b> <small>FL</small> <small>Zip Code</small> <b>32566</b>		
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>R. J. Shores</i></u> <span style="float: right;">DATE <u>April 25, 2006</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGR SHORES, SCOTT PO BOX 6263 DESTIN, FL 32550</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGR Scott Shores 1706 Ivala Circle Navarre, FL 32566</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<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>R. J. Shores</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>April 25, 2006</u> <span style="float: right;">(850) 936-8460</span> <small>Date Daytime Phone #</small>		