


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90072 016 ****50.00

DOCUMENT # L05000086165			
1. Entity Name SHAHER PROPERTIES L.L.C.			
Principal Place of Business 3256 BONNETT POND ROAD CHIPLEY, FL 32428		Mailing Address 3256 BONNETT POND ROAD CHIPLEY, FL 32428	
2. Principal Place of Business		3. Mailing Address P.O. Box 203	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Wausau, FL	
Zip	Country	Zip	Country
		32463	USA
4. FEI Number 20-3371186		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent SHAHER, JOANNE A 3256 BONNETT POND RD. CHIPLEY, FL 32428		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 obligation of registered agent.			
SIGNATURE <i>Joanne A. Shafer</i>		SIGNATURE <i>Joanne A. Shafer</i>	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when reissuing)	
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	MGRM SHAHER, JOANNE A 3256 BONNETT POND ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAHER, STEVEN A 3256 BONNETT POND ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>Joanne A. Shafer</i>		SIGNATURE: <i>Joanne A. Shafer</i>	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date: 04/11/06	
		Daytime Phone #: 850/258-9857	

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