

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086580

Entity Name: SHEM INVESTMENTS, LLC

FILED
May 31, 2006
Secretary of State

Current Principal Place of Business:

5720 LAGORCE DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5720 LAGORCE DRIVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-3396438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LIPOFF MAYER, ELISE
5720 LAGORCE DRIVE
MIAMI BEACH, FL 33140 US

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: LIPOFF MAYER, ELISE
Address: 5720 LAGORCE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: MAYER, SHIRA
Address: 5720 LAGORCE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: MAYER, HANNAH
Address: 5720 LAGORCE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

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

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

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

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: ELISE LIPOFF MAYER

MGR

05/31/2006

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