


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90042 008 \*\*\*138.75

**DOCUMENT # L05000087374**

1. Entity Name  
**SHAN DEVELOPMENT, LLC**




Principal Place of Business  
**1248 OSCEOLA DRIVE  
FORT MYERS, FL 33901**

Mailing Address  
**C/O ROBERT D. ROYSTON, JR.  
PO DRAWER 60205  
FORT MYERS, FL 33906**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**c/o JOHN M. WICKER, P.A.  
PO DRAWER 60205  
FORT MYERS, FL 33906**  
City & State  
Zip Country

**60034993**



03272008 Chg-LLC CR2E083 (12/06)

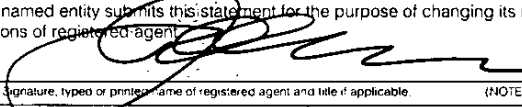
4. FEI Number  
**20-3447898**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROYSTON, ROBERT D JR.  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent  
Name  
Street **JOHN M. WICKER, P.A.  
12670 NEW BRITTANY BLVD., STE 101  
FORT MYERS, FL 33907**  
City 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 obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_


(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COAY, RAYMOND PAUL 2011 SE 28TH TERRACE CAPE CORAL, FL 33904	<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 MORELAND, DAVID C 1248 OSCEOLA DRIVE FORT MYERS, FL 33901	<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:  DATE: **April 22, 2008**

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