

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089326

Entity Name: SHORELINE COMPANY, LLC

FILED  
Jan 12, 2006  
Secretary of State

**Current Principal Place of Business:**

209 TROPIC WAY  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

209 TROPIC WAY  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 13-4306032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALAZAR, HUMBERTO M  
209 TROPIC WAY  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete  
Name: SALAZAR, HUMBERTO M  
Address: 209 TROPIC WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGRM ( ) Delete  
Name: STORLEY, REESA D  
Address: 209 TROPIC WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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: HUMBERTO M SALAZAR

MGR

01/12/2006

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