

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089326

Entity Name: SHORELINE COMPANY, LLC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

6975 A1A SOUTH #10
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

6975 A1A SOUTH #10
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 13-4306032 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:

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

MGR

05/05/2008

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