2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 28, 2006 8:00 am Secretary of State

DOCUMENT # L05000093521 1. Entity Name SHEE, LLC						Secretary of State 07-28-2006 90073 017 ****50.00				
2746 CARN	ace of Business IATION COURT IACH, FL 33445	5	Mailing Address PO BOX 6592 DELRAY BEACH, FL 33	3482						
2 Principal	Place of Busines		3. Mailing Address							
2. Principal Place of Business							ALIDA MINI ABIGI BONI BU.	EE # #!## # # #.		# !!!
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07072006	Chg-LLC	CR2E083 (11/05)
City & State			City & State			4. FEI Numbe				Applied For Not Applicable
Zip	Country		Zip	Country			of Status Desired		00 Ad Requir	dditional red
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
	, SUZANNAH			Name			r is Not Acceptable			
	RNATION CO BEACH, FL 3				Sireel Address (P.O. Box Numbe	II IS NOI ACCEPIADIE) - -		
					City				Zio Cor	
8. The above named entity submits this statement for the purpose of changing it					•	ed agent or both	n in the State of Flo	r L	Zip Cod	
the obliga	tions of registere	d agent.	and purpose of changing its	registeri	so office of register	ed agent, or bott	i, in the State of Flor	ioa. Taimainiii	er with	, апо ассері
SIGNATURE	Signature, lyped or pr	rinted name of registered agent an	d title if applicable. (NOTE	Registere	d Agent signature required	when reinstating)		DATE		****
	ling Fee is \$ by Septembe					Make check payable to Florida Department of State				
9.	Luco	MANAGING MEMBER		10.			ADDITIONS/0	•		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		UZANNAH TION COURT ACH, FL 33445) Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE				c	hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS ST- ZIP			C	nange	☐ Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	r adoress st-zip			CI	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			C	nange	Addilion
indicated of	on this report is tr	rue and accurate and tha	s filing does not qualify for the firm signature shall have the cowered to execute this re	e same l	legal effect as if ma	de under oath; t	hat I am a managin	ner certify that th g member or m	ne infor anager	mation of the