

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099085

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** SHOUP WILLIAMS INVESTMENTS, LLC

**Current Principal Place of Business:**

6220 TAYLOR RD  
SUITE 101  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

6220 TAYLOR RD  
SUITE 101  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 20-4186087      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RONALD W. RITCHIE, P.A.  
5129 CASTELLO DRIVE  
SUITE 4  
NAPLES, FL 34103 US

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

BRIGHT, MERLE  
6220 TAYLOR ROAD  
#101  
NAPLES, FL 34109 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: MERLE BRIGHT

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SHOUP, PETER E  
Address: 6220 TAYLOR RD, SUITE 101  
City-St-Zip: NAPLES, FL 34109 US

Title: MGR      ( ) Delete  
Name: WILLIAMS, WILLIAM W  
Address: 6220 TAYLOR RD, SUITE 101  
City-St-Zip: NAPLES, FL 34109

**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: WILLIAM WILLIAMS

MGR

01/21/2009

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