

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101656

Entity Name: SHAREALTY LLC

**FILED**  
**Sep 04, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

90 NE 131 STREET  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

90 NE 131 STREET  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 20-3625092      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:**

BALLARD, SHARON F  
90 NE 131 STREET  
NORTH MIAMI, FL 33161      US

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

NIMMO, SHARON F  
90 NE 131 STREET  
NORTH MIAMI, FL 33161      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: SHARON NIMMO

09/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BALLARD, SHARON F  
Address: 90 NE 131 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: NIMMO, SHARON F  
Address: 90 NE 131 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

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: SHARON NIMMO

MGRM

09/04/2007

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