2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000118676

1. Entity Name
SHS REALTY LLC

Principal Place of Business	Mailing Address
2020 WEST PENSACOLA SUITE 27 TALLAHASSEE, FL 32304 US	PO BOX 2535 TALLAHASSEE, FL 32316 US

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DO NOT WRITE IN THIS SPACE

01252007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3928168	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONI, STEVEN M
2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LEONI, STEVEN M
STREET ADDRESS	PO BOX 2535
CITY-ST-ZIP	TALLAHASSEE, FL 32316
TITLE	MGRM
NAME	SAULS, JAMES
STREET ADDRESS	PO BOX 2535
CITY-ST-ZIP	TALLAHASSEE, FL 32316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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10. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   4/16/07   850-580-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #