

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000475

Entity Name: SHEM, LLC

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

132 MARSH LAKES DRIVE  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1009  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

FEI Number: 20-4024272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEMAN, C RANDOLPH  
9250 BAYMEADOWS ROAD, SUITE 450  
JACKSONVILLE, FL 32256 US

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

MCGRATH, EILEEN  
132 MARSH LAKES DRIVE  
FERNANDINA BEACH, FL 32034 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: EILEEN MCGRATH

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGRATH, EILEEN  
Address: 132 MARSH LAKES DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete  
Name: HEAD, STEPHEN A  
Address: 132 MARSH LAKES DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32256

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HEAD, STEPHEN A  
Address: 132 MARSH LAKES DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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: EILEEN MCGRATH

MGRM

01/08/2007

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