

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003085

FILED
Apr 22, 2007
Secretary of State

Entity Name: COURTHOUSE SHADOWS OFFICE PARK, LLC

Current Principal Place of Business:

4522 EXECUTIVE DRIVE
SUITE 103
NAPLES, FL 34119

New Principal Place of Business:

7117 PELICAN BAY
1508
NAPLES, FL 34108

Current Mailing Address:

4522 EXECUTIVE DRIVE
SUITE 103
NAPLES, FL 34119

New Mailing Address:

7117 PELICAN BAY
1508
NAPLES, FL 34108

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHIM, MAHMOUD
7117 PELICAN BAY BLVD., APT. 1508
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAHIM, MAHMOUD
Address: 4522 EXECUTIVE DRIVE, STE. 103
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: ABDUL HUSSAIN, RAYA H
Address: 4522 EXECUTIVE DRIVE, STE. 103
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAHIM, MAHMOUD
Address: 7117 PELICAN BAY, #1508
City-St-Zip: NAPLES, FL 34108

Title: MGRM (X) Change () Addition
Name: ABDUL HUSSAIN, RAYA H
Address: 7117 PELICAN BAY, #1508
City-St-Zip: NAPLES, FL 34108

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: MAHMOUD RAHIM

MGRM

04/22/2007

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