2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003545

Entity Name: SHADOW POINT, LLC

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5107 SW ANHINGA AVE PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

5107 SW ANHINGA AVE 5107 SW ANHINGA AVE. PALM CITY, FL 34990 PALM CITY, FL 34990

FEI Number: 20-5016515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MATHESON, MARGARET M MATHESON, MARGARET M MGRM 5107 SW ANHINGA AVE. PALM CITY, FL 34990 US MATHESON, MARGARET M MGRM 5107 SW ANHINGA AVE. PALM CITY, FL 34990 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: MARGARET MATHESON 03/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MATHESON, MARGARET M
 Name:

 Address:
 5107 SW ANHINGA AVE
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

Title: MGRM () Delete Title: MGR (X) Change () Addition

Name: MCNAUGHTON, ROBERT A Name: MCNAUGHTON, ROBERT A

Address: 8978 PINE AVE Address: 8978 PINE AVE

City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 34990

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: MARGARET MATHESON MGRM 03/19/2009