## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000005031

Entity Name: SHARP ENTERPRISE HOLDINGS, L.L.C.

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
SUITE 208				
	CITY, FL 33024	Mana 84 - 111	v v Addanas	
Current Mailing Address:		New Maili	New Mailing Address:	
SUITE 208	LING ROAD B CITY, FL 33024			
FEI Number Applied For ( ) FEI		FEI Number Not Appl	icable (X) Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
1330 N.W.	ROBERT A MR. 166 AVE. KE PINES, FL 33028 US			
The above in the State	named entity submits this statement for the pure of Florida.	pose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete SHARPE, ROBERT A 1330 N.W. 166TH AVE PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition SHARPE, ROBERT A MR 1330 N.W. 166TH AVE PEMBROKE PINES, FL 33028	
Title: Name: Address: City-St-Zip:	MGRM () Delete SHARPE, BARBARA E 1330 N.W. 166TH AVE PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MILLER, BRENDA-LEE C MRS. 3261 LUCERNE WAY MIRAMAR, FL 33025	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MCKENZIE, SUSAN A MRS. 8955 MEDWAY VALLEY LANE HENDERSON, NV 89074	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (X) Delete PARKES, AVA-GAYLE R MRS. 4525 HERITAGE PARKWAY COLLEGE PARK, GA 30349	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete SHARPE, LAURIE-ANN N MISS 1330 N.W. 166 AVE. PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: ROBERT SHARPE MGRM 04/10/2008