


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90198 004 ****50.00

DOCUMENT # L06000005798		
1. Entity Name SHEAR HOLDINGS DELRAY, LLC		

Principal Place of Business 23 EAST 83RD STREET NEW YORK, NY 10028	Mailing Address 23 EAST 83RD STREET NEW YORK, NY 10028
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5625 140th. AV. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WELLINGTON, FL	
Zip	Country	Zip 33467	Country USA



02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKEN, CHARLES D 8181 W. BROWARD BOULEVARD, SUITE 360 PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	

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 *Charles D. Franken* (NOTE: Registered Agent signature required when reinstating) DATE 05/08/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEAR, JACQUELINE 23 EAST 83RD STREET NEW YORK, NY 10028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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: *Charles D. Franken* **05/01/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #