

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90048 001 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                 |                                                                                                                                          |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000009972</b><br>1. Entity Name<br><b>SHAWNEE MOUNTAINTOP LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                 |                                                                                                                                          |                                                     |  |
| Principal Place of Business<br><b>P.O. BOX 14096<br/>NORTH PALM BEACH FL 33408</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                 | Mailing Address<br><b>P.O. BOX 14096<br/>NORTH PALM BEACH FL 33408</b>                                                                   |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                 | 3. Mailing Address                                                                                                                       |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                 | Suite, Apt. #, etc.                                                                                                                      |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                 | City & State                                                                                                                             |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   | Country                         |                                                                                                                                          | 4. FEI Number<br><b>204205397</b>                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                 |                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DENES, GREGORY L<br/>14255 U.S. 1<br/>SUITE 243<br/>JUNO BEACH FL 33408</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                 |                                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                 |                                                                                                                                          |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                 |                                                                                                                                          |                                                                                                                                      |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                 | <b>10. ADDITIONS/CHANGES</b>                                                                                                             |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MGRM<br/>HUSER, MARY<br/>P.O. BOX 14096<br/>NORTH PALM BEACH FL 33408</b>      | <input type="checkbox"/> Delete |                                                                                                                                          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MGRM<br/>D'ANGELO, JOSEPH<br/>P.O. BOX 14096<br/>NORTH PALM BEACH FL 33408</b> | <input type="checkbox"/> Delete |                                                                                                                                          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                             | <input type="checkbox"/> Delete |                                                                                                                                          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                             | <input type="checkbox"/> Delete |                                                                                                                                          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                             | <input type="checkbox"/> Delete |                                                                                                                                          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                             | <input type="checkbox"/> Delete |                                                                                                                                          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                             | <input type="checkbox"/> Delete |                                                                                                                                          |                                                                                                                                      |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> |                                                                                                                                      |  |