

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020990

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SHOOK EQUITY PARTNERS, LLC

**Current Principal Place of Business:**

950 PENINSULA CORPORATE CIRCLE  
1018,1019  
BOCA RATON, FL 33487

**New Principal Place of Business:**

5761 PADDINGTON WAY  
BOCA RATON, FL 33496

**Current Mailing Address:**

5761 PADDINGTON WAY  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 20-4384628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHOOK, ELIZABETH  
5761 PADDINGTON WAY  
BOCA RATON, FL 33406 US

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

SHOOK, ELIZABETH  
5761 PADDINGTON WAY  
BOCA RATON, FL 33406 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: ELISABETH SHOOK

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHOOK, ROBERT J  
Address: 5761 PADDINGTON WAY  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete  
Name: SHOOK, ELIZABETH G  
Address: 5761 PADDINGTON WAY  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELISABETH SHOOK

MGR

03/19/2009

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