


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90038 044 ****50.00

DOCUMENT # L06000048621	
1. Entity Name SH LUCIEN POINTE, LLC	

Principal Place of Business 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324	Mailing Address 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4856039	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BAIDEN, THERREL P.A. SUNTRUST INTERNATIONAL CENTER, ONE S.E. 3RD AVE., SUITE 2950 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name <u>PETER C. Gardner</u> Street Address (P.O. Box Number is Not Acceptable) <u>8211 W. BROWARD BLVD, PH-2</u> City <u>PLANTATION</u> FL Zip Code <u>33324</u>
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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 <u>Peter C. Gardner</u> DATE <u>4/17/07</u>
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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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <u>Peter C. Gardner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <u>4/17/07</u> 954 727-9335 Daytime Phone #