FILED Mar 30, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000074191

1. Entity Nam SHIPWRA						01-29-20	07 9014	9 028 *	***50.00	
Principal Place 4127 NW 27 GAINESVILLE	LANE	Mailing Address P.O. 80X 357845 GAINESVILLE, FL 32635 US								
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01102007	Chg-LLC	CR2E0	33 (12/06)		
City & State		City & State		4. FEI Numb			AF	plied For		
Zip Country		Zip	Zip Country		S. Codificate	of Status Desired	0	5.00 Add	x Applicable Ittonai	
	A Name and Address of Comme	Bodstand Acces	l		<u> </u>	Address of New R		ee Require	đ	
	6. Name and Address of Curren	registered Agent		Name	7. Name 428	Address of New R	afficien en v			
LEE, DENN 4127 NW 2 GAINESVII			Street Address			(P.O. Box Number is Not Acceptable)				
	,									
				City		·	FL	Zip Cod	Þ	
	named entity submits this statement tions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am la	umiliar with,	and accept	
SIGNATURE .							DATE			
	Signature, typed or printed name of registered eger	I and see if applicable. (NOTI	E: Hagistar ec	d Agent signature require	a when remassing)		UATE			
FI	ling Fee is \$50.00 se by May 1, 2007						e check pa Departme		•	
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES			
MAME	MGR LEE, DENNIS G	Deleta	TITLE					Change	Addition	
STREET ADDRESS	4127 NW 27 LANE			ET ADDRESS						
CITY-ST-ZIP	GAINESVILLE, FL 32606		QIY-	-\$1-ZIP .						
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Deleta						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	•					Change	Addition	
TIFLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		I				Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition	
TIFLE HAME SIREET ADDRESS CITY-SI-ZP		☐ Delete	TITLE NAME STRE	:				☐ Change	Addition	
indicated	certify that the information supplied will on this report is true and accurate an ability company or the receiver or trust	d that my signature shall have	the same report as	e legal effect as if r s required by Chap	made under oet oler 608, Florida	h; that I am a maneo	ing membe	or managa	rolther	

BIGHATURE AND TYPED OR PRINTED MAKE OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE