## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 16, 2007 8:00 am Secretary of State DOCUMENT # L06000074230 02-16-2007 90180 032 \*\*\*\*50 00 SHG ENTERPRISES, LLC 60016019 Principal Place of Business Mailing Address 9821 N.W. 1ST COURT 9821 N.W. 1ST COURT PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 02142007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5268052 ) O M Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, GLEN 9821 N.W. 1ST COURT Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code ntity 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 8. The above named the obligations of nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. **MGRM** TITLE TITLE Delete Change ☐ Addition FRIEDMAN, GLEN NAME NAME STREET ADDRESS 9821 N.W. 1ST COURT STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition FRIEDMAN, HELEN NAME NAME STREET ADDRESS 11001 RED HAWK STREET STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP TITLE MGR ☐ Delete ☐ Change ☐ Addition SYDAPT ENTERPRISES, INC. NAME NAME STREET ADDRESS 2 LAKE ROAD DOLLARD DES ORMEAUX STREET ADDRESS CITY-ST-ZIP MONTREAL QUEBEC, QU H9B3H9 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TiTLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 public employees the receiver or public employees.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED