


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L06000074230 1. Entity Name SHG ENTERPRISES, LLC	
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Principal Place of Business 980 N FEDERAL HWY 220 BOCA RATON, FL 33432	Mailing Address 980 N FEDERAL HWY 220 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



03252008No Chg-LLC

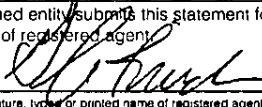
CR2E083 (12/07)

4. FEI Number 20-5268052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDMAN, GLEN 9821 N.W. 1ST COURT PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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  DATE 4/15/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000906696
05/05/08-80008-020 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, GLEN 9821 N.W. 1ST COURT PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, HELEN 11001 RED HAWK STREET PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYDAPT ENTERPRISES, INC. 2 LAKE ROAD DOLLARD DES ORMEAUX MONTREAL QUEBEC, QU H9B3H9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  HELEN FRIEDMAN 4/15/08 561-300-7481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #