## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L06000080410 04-30-2007 90054 009 \*\*\*\*50.00 1. Entity Name SHG PROPERTIES, LLC Principal Place of Business Mailing Address **60043000** 1001 EAST TELECOM DRIVE 1001 EAST TELECOM DRIVE BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRICEOIT MGR. Change ☐ Addition TITLE Delete TITLE SILVER, LARRY D NAME NAME STREET ADDRESS 1001 EAST TELECOM DRIVE STREET ADDRESS CITY-ST-ZIP BOCA, RATON, FL 33431 CITY-ST-ZIP 000 MGR TITLE ☐ Delete TITLE Addition BOLINGER, MARVIN S NAME NAME STREET ADDRESS 1001 EAST TELECOM DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP MGR ☐ Addition TITLE Delete TITLE HOLSHOUSER, JESSE A NAME NAME STREET ADDRESS 1001 EAST TELECOM DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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.

SNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER.