


FILED
May 02, 2008 08:00 AM
Secretary of State

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000081716		
1. Entity Name SHANKLIN ESTATES ENTERPRISES, LLC		
Principal Place of Business 3992 CO. HWY 280 EAST DEFUNIAK SPRINGS, FL 32435		Mailing Address 3654 STATE HWY 85 LAUREL HILL, FL 32567
DO NOT WRITE IN THIS SPACE		
04282008 No Chg-LLC CR2E083 (12/07)		
4. FEI Number 77-0664510		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SHANKLIN, JOHN 3992 CO. HWY 280 EAST DEFUNIAK SPRINGS, FL 32435		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHANKLIN, JOHN 3992 CO. HWY 280 EAST DEFUNIAK SPRINGS, FL 32435	
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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: <u>John Shanklin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4-29-2008</u> Daytime Phone # <u>333-0201</u>