

LOT

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000087755

1. Entity Name
SH 100 ST. PETE, LLC



Principal Place of Business
8211 WEST BROWARD BLVD. PH-2
PLANTATION, FL 33324

Mailing Address
8211 WEST BROWARD BLVD. PH-2
PLANTATION, FL 33324

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5632976

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, ELLEN ESQ.
SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVE., SUITE 2950
MIAMI, FL 33131

Name *PETER C. Gardner*

Street Address (P.O. Box Number is Not Acceptable)

*8211 W. BROWARD BLVD, PH-2*City *PLANTATION*

FL

Zip Code *33324*

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

Peter C. Gardner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

*PETER C. Gardner
8211 W. BROWARD BLVD, PH-2
PLANTATION, FL 33324*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

*ALFRED HAMILTON
8211 W. BROWARD BLVD, PH-2
PLANTATION, FL 33324*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Peter C. Gardner*

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

4/17/07 954 727-9335

Date

Daytime Phone #

60042323



01242007 Chg-LLC CR2E083 (12/06)