


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90164 001 ***100.00

DOCUMENT # L06000089113	
1. Entity Name SHORELINE TRADE CENTER WAY, LLC	

Principal Place of Business 2390 TAMiami TRAIL NORTH SUITE 108 NAPLES, FL 34103	Mailing Address 2390 TAMiami TRAIL NORTH SUITE 108 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box # 24017 PRODUCTION CIRCLE	3. Mailing Address 24017 PRODUCTION CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL
Zip 34135	Country LEE
Zip 34135	Country LEE

30000089



01112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent HL STATUTORY AGENT, INC. 3301 BONITA BEACH ROAD SUITE 308 BONITA SPRINGS, FL 34134	
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4. FEI Number 205846250	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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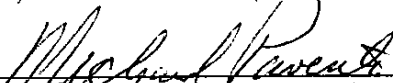
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORELINE INVESTING ENTERPRISES LLC 2390 TAMiami TRAIL NORTH, SUITE 108 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPPERT, LARRY D. 2390 TAMiami TRAIL NORTH, SUITE 108 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAMBUCA, FRANK 2390 TAMiami TRAIL NORTH, SUITE 108 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAMBUCA, FRANK 2051 TRADE CENTER WAY NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	1/18/07	239 989 9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #