

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099095

FILED
Apr 25, 2007
Secretary of State

Entity Name: SHIFTING GEARS, L.L.C.

Current Principal Place of Business:

1179 MORNING LIGHT ROAD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 43663
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 02-0788200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIS, GARRETT L
1179 MORNING LIGHT ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DENNIS, GARRETT L
Address: P.O. BOX 43663
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: MGR () Delete
Name: DENNIS, LATASHA W
Address: P.O. BOX 43663
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: MGR () Delete
Name: DENNIS, GARRETT L II
Address: P.O. BOX 43663
City-St-Zip: JACKSONVILLE, FL 32203 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARRETT L. DENNIS

MGRM

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date