


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90324 031 \*\*\*\*50.00

**DOCUMENT # L06000104409**

1. Entity Name  
**SHADOW HILLS, LLC**



Principal Place of Business      Mailing Address  
**100 PIERCE STREET #607**      **100 PIERCE STREET #607**  
**CLEARWATER, FL 33756**      **CLEARWATER, FL 33756**

**60046994**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      **206 S. BRAND BLVD.**  
 Suite, Apt. #, etc.

04302007    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
**91204**      **GLENDALE, CA**  
 Country      Country  
**USA**

4. FEI Number      Applied For  
**87-0786520**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BUSINESS FILINGS INCORPORATED**  
**1203 GOVERNOR'S SQUARE BLVD**  
**SUITE 101**  
**TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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      (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**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	MCPHEE, A. LLOYD	100 PIERCE STREET #607	CLEARWATER, FL 33756	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

**MGRM A. LLOYD MCPHEE**  
**SIGNATURE: *A. Lloyd McPhee***

**4/30/07**      **818-541-7900**  
 Date      Daytime Phone #

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