2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108449

Entity Name: SHARKSTER HOLDINGS, LLC

3707 SARATOGA LANE

DAVIE, FL 33328 US

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3707 SARATOGA LANE DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 3707 SARATOGA LANE DAVIE, FL 33328 FEI Number: 20-5858137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STERGHOS, STRATTON N JR 3707 SARATOGA LANE DAVIE, FL 33328 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete STERGHOS, STRATTON N JR Name: Name: 3707 SARATOGA LANE Address: Address: City-St-Zip: DAVIE, FL 33328 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SHARKEY, CHARMAINE Name: Address: 3707 SARATOGA LANE Address: City-St-Zip: DAVIE, FL 33328 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition STERGHOS, NIKOLAS S Name: Name: Address: 3707 SARATOGA LANE Address: City-St-Zip: DAVIE, FL 33328 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition STERGHOS, KRISTOPHER S Name: Name: Address: 3707 SARATOGA LANE Address: City-St-Zip: DAVIE, FL 33328 US City-St-Zip: Title: Title: MGRM () Delete () Change () Addition STERGHOS, JACQUELINE C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: STRATTON N STERGHOS, JR., MD MGR 04/28/2008