
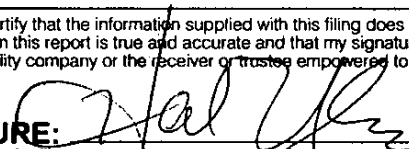


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90322 046 \*\*\*138.75

DOCUMENT # L06000110463					
1. Entity Name <b>SHINSEA TIMBER AND MINING LLC</b>					
Principal Place of Business 815 ORIENTA AVE., SUITE 1060 ALTAMONTE SPRINGS, FL 32701			Mailing Address 370 LK. SEMINARY CIR MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box # <b>230 LOOKOUT PLACE</b>		3. Mailing Address <b>230 LOOKOUT PLACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MAITLAND, FLORIDA</b>		City & State <b>MAITLAND, FLORIDA</b>		4. FEI Number <b>20-8933721</b>	
Zip <b>32751</b> Country <b>USA</b>		Zip <b>32751</b> Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04152008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>UHRIG, HAL</b> <b>815 ORIENTA AVE., SUITE 1060</b> <b>ALTAMONTE SPRINGS, FL 32701</b>			7. Name and Address of New Registered Agent Name <b>UHRIG, HAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>230 LOOKOUT PLACE</b> City <b>MAITLAND</b> FL <b>32751</b>		
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: _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UHRIG, HAL <input checked="" type="checkbox"/> Delete 815 ORIENTA AVE., SUITE 1060 ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition UHRIG, HAL 230 LOOKOUT PLACE MAITLAND, FL 32751	
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	
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: 			HAL UHRIG, MGR 4-16-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: Daytime Phone #		

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