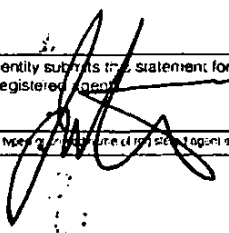
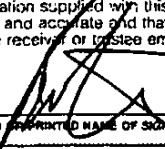


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-08-2008 90102 010 ***138.75

DOCUMENT # L06000120137 1. Entity Name SHAW-LUCIANI, LLC																													
Principal Place of Business 222 95 STREET SURFSIDE FL 33154 US			Mailing Address 222 95 STREET SURFSIDE FL 33154 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-8067109 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/07)																									
6. Name and Address of Current Registered Agent SHAW, JONATHAN 222 95 STREET SURFSIDE FL 33154			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 name, and title of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)			DATE 4-21-08																										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SHAW, JONATHAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 95 STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SURFSIDE FL 33154</td> <td></td> </tr> </table>			TITLE	MGR	☐ Delete	NAME	SHAW, JONATHAN		STREET ADDRESS	222 95 STREET		CITY - ST - ZIP	SURFSIDE FL 33154		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIGNATURE AND TYPED, PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 4-21-08 DATE																										

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