2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L07000018084

Entity Name: SHAFFER'S ACRES, LLC

Current Principal Place of Business:

101 SW 203 AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

101 SW 203 AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAFFER, JOHN P
101 SW 203 AVENUE
PEMBROKE PINES, FL 33029 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: SHAFFER, JOHN P
Address: 101 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete
Name: PETIT, MARY S
Address: 510 SW 198 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete
Name: SHAFFER, NICHOLAS S
Address: 101 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete
Name: SHAFFER, MICHAEL J
Address: 101 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SHAFFER, MARY P
Address: 510 SW 198 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

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: JOHN SHAFFER MGRM 03/31/2008

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