2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018084

Entity Name: SHAFFER'S ACRES, LLC

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 SW 203 AVENUE 17201 SW 48 STREET

PEMBROKE PINES, FL 33029 SOUTHWEST RANCHES, FL 33331

Current Mailing Address: New Mailing Address:

101 SW 203 AVENUE 17201 SW 48 STREET

SOUTHWEST RANCHES, FL 33331 PEMBROKE PINES, FL 33029

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

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SHAFFER, JOHN P SHAFFER, JOHN P 17201 SW 48 STREET 101 SW 203 AVENUE

PEMBROKE PINES, FL 33029 US SOUTHWEST RANCHES, FL 33331 US

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: 04/20/2009

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

17201 SW 48 STREET

Address:

MANAGING MEMBERS/MANAGERS:

101 SW 203 AVENUE

Address:

MGRM () Delete

Title: MGRM (X) Change () Addition SHAFFER, JOHN P Name: SHAFFER, JOHN P Name: 101 SW 203 AVENUE Address: 17201 SW 48 STREET Address:

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: SOUTHWEST RANCHES, FL 33331

(X) Change () Addition Title: MGRM () Delete Title: MGRM SHAFFER, MARY P Name: SHAFFER, MARY P Name: Address: 510 SW 198 TERRACE Address: 17201 SW 48 STREET

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: MGRM () Delete Title: MGRM (X) Change () Addition SHAFFER, NICHOLAS S SHAFFER, NICHOLAS S Name: Name:

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: SHAFFER, MICHAEL J Name: SHAFFER, MICHAEL J Address: 101 SW 203 AVENUE Address: 17201 SW 48 STREET

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: SOUTHWEST RANCHES, FL 33331

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** 04/20/2009