

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028749

Entity Name: SHINEY SIDE UP, L.L.C.

FILED  
May 03, 2008  
Secretary of State

## Current Principal Place of Business:

606 93RD AVE. NORTH  
NAPLES, FL 34108

## New Principal Place of Business:

133 S COLLIER BLVD  
C404  
MARCO ISLAND, FL 34145

## Current Mailing Address:

606 93RD AVE. NORTH  
NAPLES, FL 34108

## New Mailing Address:

133 S COLLIER BLVD  
C404  
MARCO ISLAND, FL 34145

FEI Number: 77-0675613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MAPES, ROBERT  
555 103RD AVE. NORTH  
NAPLES, FL 34108    US

## Name and Address of New Registered Agent:

MAPES, ROBERT  
1780 SMUGGLER COVE  
NAPLES, FL 34101    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:

05/03/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: MAPES, ROBERT  
Address: 555 103RD AVE. NORTH  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: MAPES, ROBERT  
Address: 1780 SMUGGLERS COVE  
City-St-Zip: NAPLES, FL 34101

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: ROBERT B MAPES

MGRM

05/03/2008

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