2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075620

Entity Name: FAIR SHAKES LAND DEALS LLC

FILED Aug 15, 2009 Secretary of State

5245 CHRISTIANCY AV 5245 CHRISTIANCY AVE. PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

5245 CHRISTIANCY AV 5245 CHRISTIANCY AVE. PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

FEI Number: 26-0574468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

GAFFNEY, DAVID GAFFNEY, DAVID P
5245 CHRISTIANCY AV 5245 CHRISTIANCY AVE.

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 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: DAVID P. GAFFNEY 08/15/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM Title: MGRM () Delete (X) Change () Addition GAFFNEY, DAVID GAFFNEY, DAVID P Name: Name: 5245 CHRISTIANCY AV Address: 5245 CHRISTIANCY AVE. Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127 Title: Title: MGRM () Change (X) Addition () Delete

Name: GAFFNEY, DAVID P
Address: 5245 CHRISTIANCY AVE.
City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127

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

Name:Name:GAFFNEY, DAVID PAddress:Address:5245 CHRISTIANCY AVE.City-St-Zip:City-St-Zip:PORT ORANGE, FL 32127

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

 Name:
 Name:
 GAFFNEY, DAVID P

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 5245 CHRISTIANCY AVE.

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 PORT ORANGE, FL 32127

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 PORT ORANGE, FL 32127

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

 Name:
 Name:
 GAFFNEY, DAVID P

 Address:
 .5245 CHRISTIANCY AVE.

 City-St-Zip:
 City-St-Zip:
 PORT ORANGE, FL 32127

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: DAVID P. GAFFNEY MGRM 08/15/2009