2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L07000089353

Entity Name: CWS OF GAINESVILLE, LLC

Current Principal Place of Business:

7328 WEST UNIVERSITY AVENUE
SUITE G
GAINESVILLE, FL 32607 US

New Principal Place of Business:

2579 SW 87TH DRIVE
GAINESVILLE, FL 32607 US

Current Mailing Address:

7328 WEST UNIVERSITY AVENUE
SUITE G
GAINESVILLE, FL 32607 US

New Mailing Address:

2579 SW 87TH DRIVE
GAINESVILLE, FL 32607 US

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

Name and Address of Current Registered Agent:

STOCKMAN, JAMES J
20725 SW 46TH AVENUE
NEWBERRY, FL 32669 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: SHD DEVELOPMENT, LLC,
Address: 7328 WEST UNIVERSITY AVENUE, SUITE G
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MGRM ( ) Delete
Name: NEWBERRY RESTAURANT, PROPERTIES, LL C
Address: 2700-A NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHD DEVELOPMENT, LLC,
Address: 2579 SW 87TH DR
City-St-Zip: GAINESVILLE, FL 32607 US

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: SHD DEVELOPMENT, LLC MGRM 04/22/2008

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