2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L07000107423

Entity Name: 2 SHANES, LLC

Current Principal Place of Business:

7550 MISSION HILLS DR, SUITE 306
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

7550 MISSION HILLS DR, SUITE 306
NAPLES, FL 34119

New Mailing Address:

FEI Number: 45-0574032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMLINSON, ANNETTE
15031 PUNTA RASSA ROAD #806
FT. MYERS, FL 33908 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:	ROBB, SHANE	
Address:	15031 PUNTA RASSA ROAD #806	
City-St-Zip:	FT. MYERS, FL 33908	
Title:	MGRM	( ) Delete
Name:	WALLACE, SHANE	
Address:	496 CROSSFIELD CIR.	
City-St-Zip:	NAPLES, FL 34104	
Title:	MGRM	( ) Delete
Name:	ROBB, RYAN	
Address:	496 CROSSFIELD CIR.	
City-St-Zip:	NAPLES, FL 34104	
Title:	MGRM	( ) Delete
Name:	TOMLINSON, ANNETTE	
Address:	15031 PUNTA RASSA RD #806	
City-St-Zip:	FT. MYERS, FL 33908	
Title:	MGRM	( ) Delete
Name:	TOMLINSON, DANNY	
Address:	15031 PUNTA RASSA RD. #806	
City-St-Zip:	FT. MYERS, FL 33908	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SHANE WALLACE MGRM 01/26/2009

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