

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074856

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SHORE ROAD PROPERTY, LLC

**Current Principal Place of Business:**

13627 DEERING BAY DRIVE, UNIT 203  
CORAL GABLES, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

13627 DEERING BAY DRIVE, UNIT 203  
CORAL GABLES, FL 33158

**New Mailing Address:**

FEI Number: 26-3142681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HASNER, MARK M ESQ.  
THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE, SUITE 2950  
MIAMI, FL 33131 US

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

SAGE, JON B ESQ.  
SAGE LAW OFFICES  
1300 SAWGRASS CORP. PKWY., SUITE 140  
SUNRISE, FL 33323 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: JON B. SAGE

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: LEONARD, JAY  
Address: 1717 N. BAYSHORE DR., APT.4046  
City-St-Zip: MIAMI, FL 33132

Title: MR. ( ) Change (X) Addition  
Name: SAGE, JON B ESQ.  
Address: 1300 SAWGRASS CORP. PKWY, SUITE 140  
City-St-Zip: SUNRISE, FL 33323 US

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: JON B. SAGE

MR.

04/13/2009

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