

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092471

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** SHORES FUNDING GROUP LLC

**Current Principal Place of Business:**

419 NE 94 ST  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

419 NE 94 ST  
MIAMI SHORES, FL 33138 US

**New Mailing Address:**

**FEI Number:** 80-0538212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LACEY, WILLIAM G SR  
419 NE 94 ST  
MIAMI SHORES, FL 33138 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:** MGR  
**Name:** LACEY, WILLIAM  
**Address:** 419 NE 94 ST  
**City-St-Zip:** MIAMI SHORES, FL 33138 US

**Title:** MGRM  
**Name:** LACEY, BEVERLY S  
**Address:** 419 NE 94 ST  
**City-St-Zip:** MIAMI SHORES, FL 33138 US

**Title:** MGRM  
**Name:** SKAGGS, DEBORAH S  
**Address:** 1815 NE 153 ST  
**City-St-Zip:** N.MIAMI BEACH, FL 33162 US

**Title:** MGRM  
**Name:** LACEY, BILLY G JR  
**Address:** 1825 S.OCEAN DRIVE  
**City-St-Zip:** HALLENDALE, FL 33009 US

**Title:** MGRM  
**Name:** LACEY, KENNETH K 2ND  
**Address:** 419 NE 94 ST  
**City-St-Zip:** MIAMI SHORES, FL 33138 US

I hereby 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:** WILLIAM G LACEY

MGR

04/29/2010

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