

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106976

Entity Name: SH VENTURE I, LLC

FILED
Mar 11, 2011
Secretary of State

Current Principal Place of Business:

7807 BAYMEADOWS ROAD EAST
SUITE 205
JACKSONVILLE, FL 32256

New Principal Place of Business:

7807 BAYMEADOWS ROAD EAST
SUITE 205
JACKSONVILLE, FL 32256 US

Current Mailing Address:

7807 BAYMEADOWS ROAD EAST
SUITE 205
JACKSONVILLE, FL 32256

New Mailing Address:

7807 BAYMEADOWS ROAD EAST
SUITE 205
JACKSONVILLE, FL 32256 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LI, WILLIAM
245 RIVERSIDE AVENUE
SUITE 400
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MAXWELL, DOUGLAS R
4440 MERRIMAC AVENUE
SUITE 102
JACKSONVILLE, FL 32210 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: DOUGLAS R. MAXWELL

03/11/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: SOLE
Name: SH VENTURES GROUP, LLC
Address: 7807 BAYMEADOWS ROAD, EAST, #205
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: PRES
Name: BURR, EDWARD E
Address: 7807 BAYMEADOWS ROAD, EAST, #205
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP
Name: POSTLETHWAITE, ROGER F
Address: 7807 BAYMEADOWS ROAD, EAST, #205
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPST
Name: BUSSELLS, WALTER P
Address: 7807 BAYMEADOWS ROAD, EAST, #205
City-St-Zip: JACKSONVILLE, FL 32256 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: EDWARD E BURR

PRES

03/11/2011

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