


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90386 013 ****55.00

DOCUMENT # L95000000972	
1. Entity Name THE SHOT LOT, L.C.	

Principal Place of Business 1901 ULMERTON RD., #700 CLEARWATER, FL 33762	Mailing Address 1901 ULMERTON RD., #700 CLEARWATER, FL 33762
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2. Principal Place of Business 15950 BAY VISTA DRIVE Suite, Apt. #, etc. SUITE 250 City & State CLEARWATER FL Zip 33760 Country U.S.	3. Mailing Address 15950 BAY VISTA DR Suite, Apt. #, etc. SUITE 250 City & State CLEARWATER, FL Zip 33760 Country U.S.
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03042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-8358399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTH, ANGELA 1901 ULMERTON RD., STE. 700 CLEARWATER, FL 33762	
7. Name and Address of New Registered Agent Name NORTH, ANGELA Street Address (P.O. Box Number is Not Acceptable) 15950 BAY VISTA DRIVE SUITE 250 City CLEARWATER FL Zip Code 33760	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARKEL, GARY 1901 ULMERTON RD., STE. 700 CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARKEL, GARY 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Gary Markel 3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #