


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L97000000108</b> 1. Entity Name SHUTTER ELEGANCE, L.C.	
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Principal Place of Business 820 BELL ROAD, UNIT C SARASOTA, FL 34240	Mailing Address 820 BELL ROAD, UNIT C SARASOTA, FL 34240
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**DO NOT WRITE IN THIS SPACE**



02272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0716926	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  VAN CLEAVE, BRETT G 3711 EAGLE HAMMOCK DR SARASOTA, FL 34240
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000845304  
03/13/08-80034-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN CLEAVE, BRETT G 3711 EAGLE HAMMOCK DR SARASOTA, FL 34240
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **Brett G VAN Cleave** 2/27/08 (94) 342-2733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE MGR MEMBER Daytime Phone #