

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003113

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: SHP, L.L.C.

**Current Principal Place of Business:**

1406 LAFAYETTE ST.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1406 LAFAYETTE ST.  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 65-0871561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

TOPPEL, MICHAEL  
1406 LAFAYETTE ST.  
CAPE CORAL, FL FL33904 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TOPPEL, MICHAEL LEWIS  
Address: 5948 SW 1ST AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete  
Name: TOPPEL, RHONDA LYNN  
Address: 5948 SW 1ST AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TOPPEL, MICHAEL LEWIS  
Address: 3621 BAY CREEK DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM (X) Change ( ) Addition  
Name: TOPPEL, RHONDA LYNN  
Address: 3621 BAY CREEK DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL LEWIS TOPPEL

MGRM

04/26/2004

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