2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN -2 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007173

1. Entity Name
SHP, L.L.C.

Principal Place of Business
1080 S.E. THIRD AVENUE
FT LAUDERDALE FL 33316

Mailing Address
1080 S.E. THIRD AVENUE
FT LAUDERDALE FL 33316-1108

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name BRIAN TANSEY
Street Address (P.O. Box Number is Not Acceptable)
1080 SE 3RD AVENUE
City FT LAUDERDALE FL Zip Code 33316

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.

SIGNATURE [signature] 4/10/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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******5.00 ******5.00

9. MANAGING MEMBERS / MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Delete

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10. ADDITIONS / CHANGES

TITLE D/P
NAME STEVEN W HUDSON MGRM
STREET ADDRESS 1080 SE 3RD AVENUE
CITY-ST-ZIP FT LAUDERDALE, FL 33316
[ ] Change [X] Addition

TITLE VP
NAME PETER W WRIGHT MGRM
STREET ADDRESS 1080 SE 3RD AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33316
[ ] Change [X] Addition

TITLE S/T
NAME HOLLY J HUDSON MGRM
STREET ADDRESS 1080 SE 3RD AVENUE
CITY-ST-ZIP FT LAUDERDALE, FL 33316
[ ] Change [X] Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] 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: SIGNATURE RECEIVED [signature] 4/10/00 954 356 5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CF 150 (5/99)