



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90134 001 ****20.00
04-07-2005 90134 002 ****15.00
04-07-2005 90134 003 ****15.00

DOCUMENT # L99000007173 1. Entity Name SHP, L.L.C.					
Principal Place of Business <u>1850 SE 17th St</u> Mailing Address <u>1850 SE 17th St.</u> 1080 S.E. THIRD AVENUE Suite 300 1080 S.E. THIRD AVENUE Suite 300 FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1103705	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TANSEY, BRIAN 1080 SE 3RD AVENUE 1850 SE 17th St., Suite 300 FT. LAUDERDALE, FL 33316				Name <u>Peter W Wright</u> Street Address (P.O. Box Number is Not Acceptable) <u>1850 SE 17th St., Suite 300</u> City <u>Ft. Lauderdale</u> <u>FL</u> Zip Code <u>33316</u>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, STEVEN W		NAME		
STREET ADDRESS	1080 SE 3RD AVE 1850 SE 17th St., Suite 300		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, PETER W		NAME		
STREET ADDRESS	1080 SE 3RD AVE 1850 SE 17th St., Suite 300		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, HOLLY J		NAME		
STREET ADDRESS	1080 SE 3RD AVE 1850 SE 17th St., Suite 300		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Peter W. Wright</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/29/05</u> Daytime Phone # <u>954-356-5800</u>		