

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


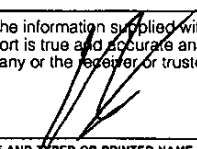
FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90354 013 ****50.00

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01312007 Chg-LLC CR2E083 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 1850 SE 17th Street Suite, Apt. #, etc. Suite 300 City & State Ft. Lauderdale, FL Zip 33316 Country USA		3. Mailing Address 1850 SE 17th Street Suite, Apt. #, etc. Suite 300 City & State Ft. Lauderdale, FL Zip 33316 Country USA	
4. FEI Number 65-1103705		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, PETER W 1850 SE 17TH ST SUITE 300 FT.LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, STEVEN W <input type="checkbox"/> Delete 1850 SE 17TH ST, SUITE 300 FT.LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, PETER W <input type="checkbox"/> Delete 1850 SE 17TH ST, SUITE 300 FT.LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, HOLLY J <input type="checkbox"/> Delete 1850 SE 17TH ST, SUITE 300 FT.LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BODENWEBER, SCOTT W <input type="checkbox"/> Delete 1850 SE 17TH ST., STE 300 FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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: 		Peter W. Wright 3/6/07 954-356-5800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	