2008 LIMITED LIABILITY COMPANY

Mar 25, 2008 8:00 am Secretary of State **ANNUAL REPORT** 03-25-2008 90082 017 ***138.75 **DOCUMENT #L99000007173** 1. Entity Name SHP, L.L.C. Principal Place of Business Mailing Address 60016984 1850 SE 17TH ST 1850 SE 17TH ST **STE 300 STE 300** FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 65-1103705 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, PETER W Street Address (P.O. Box Number is Not Acceptable) 1850 SE 17TH ST **SUITE 300** FT.LAUDERDALE, FL 33316 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Addition TITLE ☐ Delete ☐ Change HUDSON, STEVEN W NAME NAME STREET ADDRESS 1850 SE 17TH ST, SUITE 300 STREET ADDRESS FT.LÄUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE TITLE Delete ☐ Change ☐ Addition WRIGHT, PETER W NAME NAME 1850 SE 17TH ST, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT.LAUDERDALE, FL 33316 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUDSON, HOLLY J NAME 1850 SE 17TH ST, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE, FL 33316 ☐ Delete TITLE MGRM TELLE ☐ Change ■ Addition BODENWEBER, SCOTT W NAME NAME STREET ADDRESS 1850 SE 17TH ST., STE 300 STREET ADDRESS FORT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

11. I hereby certify that the information supplied with this filling 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 appurate 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.

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE: V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

☐ Change

☐ Addition