2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002794

Entity Name: SHIELDS ASSOCIATES, LLC

FILED Jan 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1266 EAST MAIN STREET 4 HIGH RIDGE PARK STAMFORD, CT 06902

SUITE 101

STAMFORD, CT 06905

Current Mailing Address: New Mailing Address:

1266 EAST MAIN ST 4 HIGH RIDGE PARK

SUITE 101 STAMFORD, CT 06902

STAMFORD, CT 06905

FEI Number: 11-3290218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COOPERSMITH, FRAN ARMSTRONG, DEAN 1601 BELEVEDÉRE BLVD 1601 BELEVEDERE BLVD

STE 202E STE 202E

WEST PALM BEACH, FL 33406 US WEST PALM BEACH, FL 33406 US

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: DEAN ARMSTRONG 01/18/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete

GRAHAM, BRUCE L ARMSTRONG, DEAN Name: Name: Address: 1266 EAST MAIN STREET Address: 4 HIGH RIDGE PARK, SUITE 101

City-St-Zip: STAMFORD, CT 06902 City-St-Zip: STAMFORD, CT 06905

Title: Title: MGR () Change (X) Addition () Delete

Name: Name: GRAHAM, BRUCE Address:

Address: 4 HIGH RIDGE PARK, SUITE 101 City-St-Zip: City-St-Zip: STAMFORD, CT 06905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEAN ARMSTRONG 01/18/2007