

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90055 022 ****50.00

DOCUMENT # M03000003333					
1. Entity Name SHINNECOCK CAPITAL, LLC					
Principal Place of Business 2806 NE 29 STREET FT. LAUDERDALE, FL 33306			Mailing Address 2806 NE 29 STREET FT. LAUDERDALE, FL 33306		
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 134081525	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SERENA CARROLL, PA 1975 E. SUNRISE BLVD., #770 FT. LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Serena Carroll, P.A.</u> DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLGAN, CHRIS 2806 NE 29 STREET FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			Date <u>7/12/04</u> Daytime Phone # <u>954.463.1250</u>		
SIGNATURE: <u>[Signature]</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					