2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 01,
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DOCUMENT # M05000004967

1. Entity Name
SHM MANAGEMENT, LLC

Principal Place of Business	Mailing Address
2200 BALTIMORE BLVD. FINKSBURG, MD 21048	2200 BALTIMORE BLVD. FINKSBURG, MD 21048

DO NOT WRITE IN THIS SPACE

03072006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3351102
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CLINE, MARK A
820 TEQUESTA STREET
FORT LAUDERDALE, FL 33312

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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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SEBECK, RONALD G SR
STREET ADDRESS	2200 BALTIMORE BLVD.
CITY-ST-ZIP	FINKSBURG, MD 21048
TITLE	MGRM
NAME	SEBECK, JOANNE C
STREET ADDRESS	2200 BALTIMORE BLVD.
CITY-ST-ZIP	FINKSBURG, MD 21048
TITLE	MGRM
NAME	SEBECK, RONALD G JR
STREET ADDRESS	2200 BALTIMORE BLVD.
CITY-ST-ZIP	FINKSBURG, MD 21048
TITLE	MGRM
NAME	SEBECK, RYAN C
STREET ADDRESS	2200 BALTIMORE BLVD.
CITY-ST-ZIP	FINKSBURG, MD 21048
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80016-023 50.00

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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: Joanne C Sebeck 4/26/06 410 982-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #