

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002982

FILED
Apr 28, 2009
Secretary of State

Entity Name: SHL OWNER LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 1850
C/O EOLA CAPITAL LLC
JACKSONVILLE, FL 32202

New Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 1850
JACKSONVILLE, FL 32202

Current Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 1850
C/O EOLA CAPITAL LLC
JACKSONVILLE, FL 32202

New Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 1850
JACKSONVILLE, FL 32202

FEI Number: 26-0266750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, WILLIAM G
ONE INDEPENDENT DRIVE, SUITE 1850
C/O EOLA CAPITAL LLC
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

PRATT, HENRY F III
ONE INDEPENDENT DRIVE, SUITE 1850
JACKSONVILLE, FL 32202 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: HENRY F. PRATT, III

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHL MANAGER LLC
Address: ONE INDEPENDENT DRIVE, SUITE 1850
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHL MANAGER LLC
Address: ONE INDEPENDENT DRIVE, SUITE 1850
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify 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: HENRY F. PRATT, III

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date