

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007469

FILED
Mar 17, 2009
Secretary of State

Entity Name: SHANE INVESTMENT PROPERTY GROUP, LLC

Current Principal Place of Business:

100 N POINT CENTER EAST - STE 150
ALPHARETTA, GA 30022

New Principal Place of Business:

100 N POINT CENTER EAST
SUITE 150
ALPHARETTA, GA 30022

Current Mailing Address:

100 N POINT CENTER EAST - STE 150
ALPHARETTA, GA 30022

New Mailing Address:

100 N POINT CENTER EAST
SUITE 150
ALPHARETTA, GA 30022

FEI Number: 58-2629569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHANE, EMERY W
Address: 100 N POINT CENTER EAST - STE 150
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR () Delete
Name: LANE, BRIAN
Address: 100 N POINT CENTER EAST - STE 150
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LANE, BRIAN M
Address: 100 N POINT CENTER EAST - STE 150
City-St-Zip: ALPHARETTA, GA 30022

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: BRIAN M. LANE

MGR

03/17/2009

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