


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000046593

1. Entity Name  
 SHANNON'S CROSSING, LLC



Principal Place of Business 19308 S.W. 380TH STREET FLORIDA CITY, FL 33034	Mailing Address P.O. BOX 343529 HOMESTEAD, FL 33034
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**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4733062	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRK, STEVEN  
 19308 SOUTHWEST 380TH STREET  
 FLORIDA CITY, FL 33034

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000874536  
 04/10/08-80123-003 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, STEVEN 19308 SOUTHWEST 380TH STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENSEN, ROBERT 18640 SW 295TH TERRACE HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, ARTURO 778 WEST PALM DR FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVERGLADES COMMUNITY ASSOCIATION, INC. 19308 SW 380TH ST FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  Date: March 19, 2008 Daytime Phone #: 305-242-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #