


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90056 048 \*\*\*550.00

<b>DOCUMENT # L01000016333</b> 1. Entity Name <b>SHELBY HOMES AT COUNTRYSIDE, L.C.</b>					
Principal Place of Business <b>6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>07092007    Chg-LLC    CR2E083 (12/06)</span> </div>					
4. FEI Number <b>65-1144897</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>SIMON, ERIC A 6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHELLEY, ROBERT 6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, ERIC A 6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JASON SHELLEY 6363 NW 6TH WAY, SUITE 250 FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<div style="display: flex; justify-content: space-between;"> <span><i>ROBERT SHELLEY</i></span> <span><b>8/2/07</b></span> <span><b>954-318-1100</b></span> </div>					