

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023959

FILED
Apr 26, 2006
Secretary of State

Entity Name: SHELBY HOMES AT CARRIAGE POINTE ESTATES, L.C.

Current Principal Place of Business:

6363 NW 6TH WAY
SUITE 250
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6363 NW 6TH WAY
SUITE 250
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-2462741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, ERIC A
6363 NW 6TH WAY
SUITE 250
FT LAUDERDALE, FL 33309 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: MGRM () Delete
Name: SHELLEY, ROBERT
Address: 6363 NW 6TH WAY, SUITE 250
City-St-Zip: FT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: SIMON, ERIC A
Address: 6363 NW 6TH WAY, SUITE 250
City-St-Zip: FT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: SHELLEY, JASON
Address: 6363 NW 6TH WAY, SUITE 250
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC SIMON

MGR

04/26/2006

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