



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 5/11/99 9 AM 9:16	
<b>FILING FEE \$ 188.75</b>		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M96000000130</b>  SHELTER PROPERTIES, LLC C/O THE SHELTER GROUP 218 N. CHARLES STREET, SUITE <sup>220</sup> 500 BALTIMORE MD 21201-0595		1a. Principal Place of Business Address C/O THE SHELTER GROUP 218 N. CHARLES STREET, SUITE <sup>220</sup> BALTIMORE MD 21201			
2. Principal Place of Business SAME AS #1 Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 04/18/1996	
City & State Zip		City & State Zip		3a. State of Formation MD	
Country		Country		4. FEI Number 52-1950867	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/20/1998	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
<small>(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reappointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	DUKER, MARILYNN K	218 N. CHARLES STREET, SUITE <sup>220</sup>		BALTIMORE MD	
MGRM	RICHMAN, ARNOLD I	218 N. CHARLES STREET, SUITE <sup>220</sup>		BALTIMORE MD	
				100002799781-5 -03/09/99--01079--003 ****188.75 ****188.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: X  Marilyn K. Duker X 2/22/99 <small>MANAGING MEMBER AND FILED OR RECEIVE (NAME OF SIGNING MANAGER, MEMBER OR MANAGER)</small>					