

REINSTATEMENT 2000

FILED

DEC 22 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ny



DO NOT WRITE IN THIS SPACE

DOCUMENT # M96000000130

1. Entity Name
SHELTER PROPERTIES, LLC

Principal Place of Business Mailing Address

C/O THE SHELTER GROUP C/O THE SHELTER GROUP
218 N. CHARLES STREET, SUITE 220 218 N. CHARLES STREET, SUITE 220
BALTIMORE MD 21201-0595 BALTIMORE MD 21201-0595

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

52-1950867 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE *Vicky Goldstein* **VICKY GOLDSTEIN** *x 12/20/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DUKER, MARILYNN K	
STREET ADDRESS	218 N. CHARLES ST., #220	
CITY-ST-ZIP	BALTIMORE MD 21201-0595	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RICHMAN, ARNOLD I	
STREET ADDRESS	218 N. CHARLES ST., #220	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Member/President** (412) 962-0595

Signature and typed or printed name of signing managing member or manager Date Daytime Phone #

CR2E083 (5/00)