2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

1. Entity Name SHELTERWOOD LLLP							rileU .			
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0.,							7			
Principal Place of Business Mailing Address				Mailing Address			-	SECRET	ARY 0	F STATE FLOR IDA
5915 SEA RANCH DRIVE 5915 SEA RANCH DRIV					RIVE			IALLAHA	SSEE	FLORIDA
UNIT 907W, BUILDING 3 UNIT 907W, BUILDING					G 3		-			
HUDSON, FL	34667			HUDSON, FL 34667			1 10 11 11 11 11 11	PONTI ANNA BONA BONA BO	nt or m co nt	I THE TOTAL WAR INCIDENT AND LESS
2. Principal P	lace of Busin	ess	3.	. Mailing Address	······································					
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			02122006	Chg-LP	CR2E	E003 (11/0 5)
City & State			City & State			4. FEI Numbe	<u> </u>	Applied For		
										Not Applicable
Zip Country			Zip	itry	5. Certificate of	of Status Desired		\$8.75 Additional		
6. Name and Address of Curr			f Current Rec	Istered Agent	1	7. Name and	Address of New F	?aalstaraa	Fee Required	
						Name	77 1741110			- Agein
WOOD, JOHN						Street Address (P.O. Box Number is Not Acceptable)				
5915 SEA RANCH DRIVE UNIT 907W. BUILDING 3						Street Address (P.O. Box Number is Not Acceptable)				
HUDSON, FL 34667										
						City		•	F	Zip Code
The above named entity submits this statement for the purpose of changing					ita ramietar	ed office or regie	tared agent or both	n in the State of El		-
	tions of regist		action to the	purpose of chariging	III - O BIOCO	ad office of regis	tered agent, or bon	i, iii ale otate oi re	orida. Tari	riaminar with and accep
SIGNATURE -	Signature typed	or printed name of reg	ustered agent and titl	le d applicable					DATE	**
			···, · · · · · · · · · · · · · · · · ·							
				FEE IS \$500.00 6, Fee will be \$9						
	A G	ENERAL PAI	RTNER THA	T IS A BUSINESS E	ENTITY M	UST BE REGI	STERED AND A	CTIVE WITH TH	IIS OFFI	CE.
	NOTE:	General Part	tners MAY N	OT be changed on	the form	ı; an amendm	ent must be file	d to change a g	eneral p	artner.
12.	1.0400000		. PARTNER INF	OHMATION	13.	Т		ADDRESS CH	ANGES O	NLY
DOCUMENT # LO4000091325 NAME SHELTERWOOD, LLC				STRI	ET ADDRESS					
STREET ADDRESS 5915 SEA RANCH DR, UNIT			UNIT 907W, I	BLDG 3	CITY	-ST-ZEP				
CITY-ST-ZIP	HUDSON,	FL 34667				-01-20				
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NAME STREET ADDRESS					ł		<u> </u>	37860185	500	5 ************************************
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14. I hereby	certify that th	e information su	pplied with thi	s filing does not qualit	ly for the e	xemptions contai	ined in Chapter 119	, Florida Statutes.	I further o	ertify that the information
	on this repor eiver or trust	i is true and act se empowered t	curate and that to execute this	report as required by	ve ine sam Chapter 62	e regal errect as i 30, Florida Statute	i inade under oath is	; maxiam a Gene	au ranner	or the irritted partnership
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DOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP 1 I hereby of indicated or the rec	certify that th I on this repor seiver or truste	e information sut is true and accesses empowered to	upplied with thi curate and that to execute this	s filing does not quality my signature shall ha report as required by	STRI	FET ADDRESS	ined in Chapter 119 if made under oath	9, Florida Statutes. ; that I am a Gene	I further o	ertify that the inform of the limited partne