

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002162

1. Entity Name
SHELBY HOMES AT OSPREY ISLES, L.C.



Principal Place of Business
6363 NW 6TH WAY
SUITE 250
FT. LAUDERDALE, FL 33309

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

BK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
01-0597059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SIMON, ERIC A~~
6363 NW 6TH WAY
SUITE 250
FT. LAUDERDALE, FL 33309

Name ROBERT SHELLEY
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SHELLEY, ROBERT
STREET ADDRESS 6363 NW 6TH WAY SUITE 250
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition
NAME 400101701384
STREET ADDRESS 05/07/07--01014--003 **50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME SIMON, ERIC A
STREET ADDRESS 6363 NW 6TH WAY SUITE 250
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROBERT SHELLEY 5/24/07 954-318-1000