

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000004008**

1. Entity Name  
**SHELTER LLC**



**FILED**  
-b P 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2665 SOUTH BAYSHORE DR., STE. 703  
MIAMI, FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DR., STE. 703  
MIAMI, FL 33133**



04272004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2082237**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DR., STE. 703  
MIAMI, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME ZIMMERMANN, KLAUS  
STREET ADDRESS 2665 SOUTH BAYSHORE DR., STE. 703  
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGR  
NAME SEUSS, STEFAN  
STREET ADDRESS 2665 SOUTH BAYSHORE DR., STE. 703  
CITY-ST-ZIP MIAMI, FL 33133

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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:** *Stefan Seuss*

4/20/04, (305) 858-9900

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

Date

Daytime Phone #