

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013265

**FILED**  
**May 29, 2007**  
**Secretary of State**

**Entity Name:** SHELTER INVESTMENTS LLC

**Current Principal Place of Business:**

13833 WELLINGTON TRACE  
PO BOX 135  
WELLINGTON, FL 33414

**New Principal Place of Business:**

13833 WELLINGTON TRACE  
BOX 135  
WELLINGTON, FL 33414

**Current Mailing Address:**

13833 WELLINGTON TRACE  
PO BOX 135  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 71-0892718      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

BRUMFIELD, CECIL L PRES.  
14558 AUTUMN AVE.  
WELLINGTON, FL 33414 US

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: CECIL L. BRUMFIELD

05/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SI TRUST,  
Address: 13833 WELLINGTON TRACE, BOX 135  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CECIL L. BRUMFIELD

PRES

05/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date