


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000016839	
1. Entity Name SHELTER COVE INVESTMENT GROUP, L.L.C.	

Principal Place of Business 2409 PINE ISLAND COURT JACKSONVILLE, FL 32224	Mailing Address 2409 PINE ISLAND COURT JACKSONVILLE, FL 32224
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03042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1014454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CARLSON, FREDERICK W 2409 PINE ISLAND COURT JACKSONVILLE, FL 32224	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000078315
03/08/04-80021-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARLSON, FREDERICK W 2409 PINE ISLAND CT. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALL, MIKE 12769 HIDDEN CIRCLE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *Fred Carlson* *Fred Carlson* *3/4/04* *904 7597888*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #