

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142007 Chg-LLC CR2E083 (12/06)

4. FEI Number **41-2053207** Applied For ☐ Not Applicable ☒

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

DOCUMENT # L02000019398
1. Entity Name
SHELBY HOMES AT HUTCHINSON, 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**

BK

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

6. Name and Address of Current Registered Agent
**SIMON, ERIC A
6363 NW 6TH WAY
SUITE 250
FT. LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent
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 **ROBERT SHELLEY** DATE **5/24/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, ERIC A 6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100101617911 05/04/07--01052--004 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHELLEY, ROBERT 6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT SHELLEY** Date **5/24/07** Daytime Phone # **954-318-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE