


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020696 1. Entity Name SHELBY PLACE II, L.L.C.	
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Principal Place of Business 2020 KING AIR COURT PORT ORANGE, FL 32128-6931 US	Mailing Address 2020 KING AIR COURT PORT ORANGE, FL 32128-6931 US
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01282004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number 47-0882541	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTEN, PETER T
2020 KING AIR COURT
PORT ORANGE, FL 32128-6931

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AUSTEN, PETER T 2020 KING AIR COURT PORT ORANGE, FL 321286931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AUSTEN, JANICE B 2020 KING AIR COURT PORT ORANGE, FL 321286931
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02/08/04-80046-013 50.00

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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:  Peter T. AUSTEN, Mgrm 1/28/04 386-761-1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #