FILED 2005 LIMITED LIABILITY COMPANY Jan 21, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L02000020696** SHELBY PLACE II, L.L.C. Mailing Address Principal Place of Business **2020 KING AIR COURT** 2020 KING AIR COURT PORT ORANGE, FL 32128-6931 US PORT ORANGE, FL 32128-6931 US 01142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 47-0882541 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUSTEN, PETER T DO NOT WRITE 2020 KING AIR COURT PORT ORANGE, FL 32128-6931 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE

F	ling Fee is \$50.00 ue by May 1, 2005	<u> </u>
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM AUSTEN, PETER T 2020 KING AIR COURT PORT ORANGE, FL 321286931	the second property of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTEN, JANICE B 2020 KING AIR COURT PORT ORANGE, FL 321286931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied in 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 of the reseive or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

Peter T. Austen, Mgrm 1-20-2005

386-761-1882

Applied For

Not Applicable

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

Date

Daytime Phone #