

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90344 005 ****50.00

DOCUMENT # L02000020697

1. Entity Name
SHELBY PLACE I, L.L.C.



Principal Place of Business

**2020 KING AIR COURT
DAYTONA BEACH FL 32128**

Mailing Address

**2020 KING AIR COURT
DAYTONA BEACH FL 32128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Port Orange FL

City & State

Port Orange FL

4. FEI Number

47-0882539

Applied For

Not Applicable

Zip

Country

32128-6931 USA

Zip

Country

32128-6931 USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTEN, PETER T

**2020 KING AIR COURT
DAYTONA BEACH FL 32128**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Port Orange

FL

Zip Code

32128-6931

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MANAGING MEMBER
Peter T. AUSTEN
2020 KING AIR COURT
Port Orange FL 32128-6931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Managing Member
JANICE B. AUSTEN
2020 KING AIR COURT
Port Orange, FL 32128-6931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
Peter T. AUSTEN Managing Mem

01/10/03 386-761-1882

CR2E083 (10/02)