

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025052

FILED
Apr 12, 2004
Secretary of State

Entity Name: SHELL CREEK INVESTMENTS, L.L.C.

Current Principal Place of Business:

9383 NE JACKSONVILLE RD
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

PO BOX 365
ANTHONY, FL 32617

New Mailing Address:

FEI Number: 16-1629305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MARTY
BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A.
101 SOUTHWEST THIRD STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

TOBITHA, YEOMANS
PO BOX 365
ANTHONY, FL 32617 US

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.

SIGNATURE: TOBITHA YEOMANS

04/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PS () Delete
Name: BRYANT, SAMMY
Address: 9383 NE JACKSONVILLE RD
City-St-Zip: ANTHONY, FL 32617

Title: VPT () Delete
Name: YEOMANS, TABITHA
Address: 5700 NW 144TH PL
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRYANT, SAMMY
Address: 9383 NE JACKSONVILLE RD
City-St-Zip: ANTHONY, FL 32617

Title: MGRM (X) Change () Addition
Name: YEOMANS, TOBITHA
Address: 5700 NW 144TH PL
City-St-Zip: REDDICK, FL 32686

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOBITHA YEOMANS

MGRM

04/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date