

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-04-2005 90433 023 ****50.00

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DOCUMENT # L02000025052

1. Entity Name

SHELL CREEK INVESTMENTS, L.L.C.



Principal Place of Business

9383 NE JACKSONVILLE RD
ANTHONY, FL 32617

Mailing Address

PO BOX 365
ANTHONY, FL 32617

DO NOT WRITE IN THIS SPACE

01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

16-1629305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOBITHA, YEOMANS

PO BOX 365

ANTHONY, FL 32617

5700 NW 144th PL
Reddick FL 32686

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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

Tobitha Yeomans
Signature, typed or printed name of registered agent and title if applicable.

VP, Sec.

(NOTE: Registered Agent signature required when reinstating)

3/28/05
DATE

Filing Fee is \$50.00.
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRYANT, SAMMY
STREET ADDRESS	9383 NE JACKSONVILLE RD
CITY - ST - ZIP	ANTHONY, FL 32617
TITLE	MGRM
NAME	YEOMANS, TOBITHA
STREET ADDRESS	5700 NW 144TH PL
CITY - ST - ZIP	REDDICK, FL 32686
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #