2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State

05-12-2003 90090 040 ***150.00

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[redacted]

DOCUMENT # L02000025052

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

Principal Place of Business	Mailing Address
9383 NORTHEAST Jacksonville Rd. ~~JACKSONVILLE~~ FL 32617 Anthony,	PO BOX 365 ANTHONY FL 32617

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
9383 NE Jacksonville Rd		PO Box 365	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Anthony Fl		City & State: Anthony Fl	
Zip: 32617	Country: Marion	Zip: 32617	Country: Marion

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	7. Name and Address of New Registered Agent
~~SMITH, MARTY~~ BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A. 101 SOUTHWEST THIRD STREET OCALA FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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	Pres. / Sec. Sammy Bryant 9383 NE Jacksonville Rd. Anthony FL 32617 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. / Tres. Tabitha Yeomans 5700 NW 144th PL Reddick FL 32686 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Tabitha Yeomans — 4/30/03 — 352 427-2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #