


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034549

1. Entity Name
 SHELL PROPERTIES, LLC



Principal Place of Business
 937 WHISPEROAKS DR
 MELBOURNE, FL 32901

Mailing Address
 937 WHISPEROAKS DR
 MELBOURNE, FL 32901



02072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2075620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
 930 S. HARBOR CITY BOULEVARD STE. 505
 MELBOURNE, FL 32901

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000222534
 02/10/05 80885 012 58.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZEO, VINCENT R 937 WHISPEROAK DR MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZEO, SUSAN M 937 WHISPEROAK DR MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Susan M. Mazzeo* *manager* Date: *2/7/05* Daytime Phone #: *321-951-9990*

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