

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90241 012 \*\*\*138.75

<b>DOCUMENT # L02000035170</b> 1. Entity Name <b>SHELTON HILL PROPERTIES, LLC</b>					
Principal Place of Business <b>1812 COMANCHE TRAIL LAKELAND, FL 33803</b>			Mailing Address <b>1812 COMANCHE TRAIL LAKELAND, FL 33803</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		02262008    Chg-LLC    CR2E083 (12/06)	
City & State		City & State		4. FEI Number <b>02-0657792</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRELL, HERMAN L JR. 1812 COMANCHE TRAIL LAKELAND, FL 33803</b>				7. Name and Address of New Registered Agent Name <b>Thomas Lamar Rogers, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 Hiawatha Trail</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b>	
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 <u><i>Thomas Lamar Rogers, Jr.</i></u> DATE <u><b>3-10-08</b></u> <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROGERS, SUSAN L MRS. 215 HIAWATHA TRAIL LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRELL, MARY L MRS. 312 EAST BELVEDERE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERGUSON, ROBYN L MRS. 515 HAWTHORNE TRAIL LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARRELL JR., HERMAN L MR. 1812 COMANCHE TRAIL LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARRELL SR., HERMAN L MR. 312 EAST BELVEDERE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAM, DENECE M MRS. 2024 ST. MARY'S STREET RALEIGH, NC 27608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Thomas Lamar Rogers, Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><b>3-10-08</b></u> Daytime Phone # <u><b>(863) 660-1646</b></u>		