


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90080 023 \*\*\*\*50.00

<b>DOCUMENT # L03000027953</b>	
1. Entity Name <b>SHELL POINT SANCTUARY, L.L.C.</b>	

Principal Place of Business <b>2931 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>SHELL POINT SANCTUARY, L.L.C. PO BOX 1600 CRAWFORDVILLE, FL 32326</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 6506</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Tallahassee, FL</b>	
Zip	Country	Zip	Country
		<b>32314-6506</b>	<b>USA</b>

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0216501</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ROUTA, ROBERT A 2931 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

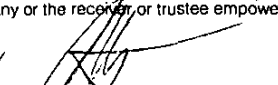
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROUTA, ROBERT A 2931 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:**  **Robert A. Rوتا** **2-26-07** **(850) 926-6300**

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