2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L04000007785

Entity Name: SHELBORNE CANAL CO. II, LLC

Current Principal Place of Business:

12134 SW 117 CT
MIAMI, FL 33186

New Principal Place of Business:

12039 SW 117 CT
MIAMI, FL 33186

Current Mailing Address:

12134 SW 117 CT
MIAMI, FL 33186

New Mailing Address:

12039 SW 117 CT
MIAMI, FL 33186

FEI Number: 20-2178997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASKOWITZ, ANTHONY G
12134 SW 117 CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

ASKOWITZ, ANTHONY G
12039 SW 117 CT
MIAMI, FL 33186 US

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.

SIGNATURE: ANTHONY G ASKOWITZ 01/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ASKOWITZ, GERALD
Address: 12134 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: MGRM ( ) Delete
Name: ASKOWITZ, ANTHONY G
Address: 12134 SW 117 CT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ASKOWITZ, GERALD
Address: 12039 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Change ( ) Addition
Name: ASKOWITZ, ANTHONY G
Address: 12039 SW 117 CT
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY G ASKOWITZ MGRM 01/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date