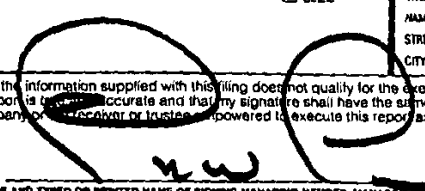


**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90164 023 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                                                                         |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000018568</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                        |                                                                   |
| 1. Entity Name<br><b>SHELLBRIDGE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>11450 SE DIXIE HWY, STE 202<br/>HOBE SOUND, FL 33455</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               | Mailing Address<br><b>11450 SE DIXIE HWY, STE 202<br/>HOBE SOUND, FL 33455</b>                                                          |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country                                                                                                                       | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>20-0841401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               | <b>\$5.00 Additional Fee Required</b>                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CASPERSEN, FINN M.W.<br/>11450 SE DIXIE HWY, STE 202<br/>HOBE SOUND, FL 33455</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |                                                                                                                                         |                                                                   |
| Filing Fee is \$50.00<br>Due by September 7, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               | Make check payable to<br>Florida Department of State                                                                                    |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MGRM<br/>CASPERSEN, FINN M.W.<br/>11450 SE DIXIE HWY, STE 202<br/>HOBE SOUND, FL 33455</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 a partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                                               |                                                                                                                                         |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               | Date: <b>6/15/05</b>                                                                                                                    |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | Daytime Phone #                                                                                                                         |                                                                   |