2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ANNUAL	REPORT (AR)	<u> </u>	Mar 20, 20	006 08:00) ΔM
DOCU 1. Entity Nar	MENT # L0400004	1863		Mar 20, 2006 08:00 AM Secretary of State		
SHELTO	N GWYNN LLC	•				
Principal Place of Business		Mailing Address				
17416 WHISTLER SPRING LANE HILLIARD FL 32046		P.O. BOX 1232 HILLIARD FL 32046				
2. Principal Place of Business		3. Mailing Address			(ii aan argar kaat jajia shaa i	rimmt tit t aat
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE C	CRZE083 (10/05)	
City & State		City & State		4. FEI Number 20-1197811	}-—} `	oplied For ot Applicat."
<i>Zi</i> p	Country	Zip	Country	5. Certificate of Status Desired	S5.00 Add Fee Require	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Re	gistered Agent	
FORDHAM, SCOTT B 1241 S MCDUFF AVE JACKSONVILLE FL 32205			Street Addres	ss (P.O. Box Number is Not Acceptable)		
			City		FL Zip Cod	e
8. The above the obliga	named entity submits this statementions of registered agent.	nt for the purpose of changing its r	registered affice or regis	stered agent, or both, in the State of Flori	ida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered	egent and title if applicable. (NOTE.	Registered Agent signature requ	nred when reinstaling)	DATE	
		FILE NO Make Check Payable	WIII FEE IS \$50.0 e to Florida Departn By May 1, 2006	O TO THE SECOND SECURITION		
9.	MANAGING ME	MBERS/MANAGERS	10.	ADDITIONS/C	CHANGES	
TITLE NAME STREET ADDRESS	MGR GWYNN, SHELTON P.O. BOX 1232	☐ Delete	TITLE NAME STREET AUDRESS	U0000047 04/05/06-80	5072 □ Change 001-002 50.0	□ Addition 0
CITY-ST-ZIP	HILLIARD FL 32046	П.	CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLC NAME STREET ACCRESS GITY-ST-ZIP		☐ Delete	TITLE		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C.3 Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition
RTLE NAME STREET ADDRESS		□ Delate	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition
CITY - 51 - ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-SI-ZIP TITLE NAME STREET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP			C37Y-S3-ZIP			

FILED

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MANAGEMENT