


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000041863 |  |
| 1. Entity Name SHELTON GWYNN LLC | |

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|---|--|
| Principal Place of Business 17416 WHISTLER SPRING LANE HILLIARD FL 32046 | Mailing Address P.O. BOX 1232 HILLIARD FL 32046 |
|---|--|



| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E083 (10/05)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| FORDHAM, SCOTT B 1241 S MCDUFF AVE JACKSONVILLE FL 32205 | |

| | |
|------------------------------------|----------------------------|
| 4. FEI Number 20-1197811 | Applied For Not Applied |
|------------------------------------|----------------------------|

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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GWYNN, SHELTON P.O. BOX 1232 HILLIARD FL 32046 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000000475072 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/05/06-80001-002 50.00 |
| 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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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: 