

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051032

FILED
Jul 30, 2005
Secretary of State

Entity Name: SHELBY WELLINGTON VENTURES, L.C.

Current Principal Place of Business:

4113 COQUINA KEY DR. SE
ST. PETERSBURG, FL

New Principal Place of Business:

Current Mailing Address:

4113 COQUINA KEY DR. SE
ST. PETERSBURG, FL

New Mailing Address:

4113 COQUINA KEY DR. SE
ST. PETERSBURG, FL 33705 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, MARK S
4113 COQUINA KEY DRIVE SE
ST. PETERSBURG, FL 33705 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, MARK S
Address: 4113 COQUINA KEY DRIVE SE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGRM () Delete
Name: SMITH, LISA
Address: 4113 COQUINA KEY DRIVE SE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGRM () Delete
Name: PEARSON, EDWARD W TRUSTEE
Address: 2950 EAGLES NEST DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: PEARSON, JULIE K TRUSTEE
Address: 2950 EAGLES NEST DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK S SMTIH

MGRM

07/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date