

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051032

FILED  
Aug 31, 2006  
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:

3998 COQUINA KEY DR. SE  
ST. PETERSBURG, FL 33705

## Current Mailing Address:

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

## New Mailing Address:

3998 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:

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

## Name and Address of New Registered Agent:

SMITH, MARK S  
3998 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:

08/31/2006

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

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, MARK S  
Address: 3998 COQUINA KEY DRIVE SE  
City-St-Zip: ST. PETERSBURG, FL 33705

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

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 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: MARK SMITH

MGRM

08/31/2006

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