


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90281 024 ****50.00

DOCUMENT # L04000091325

1. Entity Name
SHELTERWOOD, LLC



Principal Place of Business
**5915 SEA RANCH DRIVE
 UNIT 907W, BUILDING 3
 HUDSON, FL 34667**

Mailing Address
**5915 SEA RANCH DRIVE
 UNIT 907W, BUILDING 3
 HUDSON, FL 34667**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03082005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
54-2163423

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **not** **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**WOOD, JOHN
 5915 SEA RANCH DRIVE
 UNIT 907W, BUILDING 3
 HUDSON, FL 34667**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, JOHN <input type="checkbox"/> Delete 5915 SEA RANCH DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, DIANE <input type="checkbox"/> Delete 5915 SEA RANCH DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, BETHANY <input type="checkbox"/> Delete 50 LANTERN LANE STOW, MA 01775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEATTY, LEE <input type="checkbox"/> Delete 50 LANTERN LANE STOW, MA 01755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, ED <input type="checkbox"/> Delete 102 PULPIT HILL ROAD #38 ANNHERST, MA 01002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	m <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Edward Smith **Edward Smith** **04-04-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #