

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092074

Entity Name: SHELBORNE CANAL CO., LLC

FILED
Mar 13, 2006
Secretary of State

Current Principal Place of Business:

10755 S.W. 190 STREET
UNIT 46
MIAMI, FL 331577628

New Principal Place of Business:

12134 SW 117 CT
MIAMI, FL 33186

Current Mailing Address:

10755 S.W. 190 STREET
UNIT 46
MIAMI, FL 331577628

New Mailing Address:

12134 SW 117 CT
MIAMI, FL 33186

FEI Number: 20-2094298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEMET, BARRY N ESQ
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DIAZ, NANCY
12134 SW 117 CT
MIAMI, FL 33186 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: NANCY DIAZ

03/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASKOWITZ, GERALD
Address: 10755 SW 190 STREET UNIT 46
City-St-Zip: MIAMI, FL 331577628

Title: MGRM () Delete
Name: ASKOWITZ, ANTHONY
Address: 10755 SW 190 STREET UNIT 46
City-St-Zip: MIAMI, FL 331577628

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASKOWITZ, GERALD
Address: 12134 SW 117 CT
City-St-Zip: MIAMI, FL 33186

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: GERALD ASKOWITZ

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03/13/2006

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