2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 13, 2006 8:00 am Secretary of State

								ee a j	OI DI	
DOCUMENT #L05000029371 1. Entity Name SHELBY AVENUE PROPERTIES, LLC					01-13-2006 90033 031 ****50.00					
Principal Place of Business Mailing Address										
•	EWOOD AVENUE	1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205				60001220				
						Litricated for		- 	HOO MY MAIN CO	elegen ma ribiles
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01092006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State				4. FEI Numb	<u> ఏ</u> 5694	14	 - + -	plied For t Applicable
Zip	Country	Zip	ry			of Status Desired	<u> </u>	\$5.00 Add Fee Required		
	Registered Agent	7. Name and Address Name					Registered	Agent		
MCDANIEL, DAVID L										
1651 BLAN	., DAVID E IDING BOULEVARD VILLE, FL 32205		Street			s (P.O. Box Number is Not Acceptable)				
				- Au						
•				City FL Zip Code						e
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 the obligations of registered agent.								orlda. I am	familiar with,	and accept
SIGNATURE Signature, typed or primed terms of registered agent and title if applicable. (MOTE: Registered Agent agriculte required when rensisting) DATE										
Filing Fee is \$50.00 Due by May 1, 2006								ke check p	ayable to ent of State	•
9.	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	/CHANGES	·	
TITLE		☐ Delate TIT			Pre	5,	roDaniel	n- 6	Change	☐ Addition
NAME		. NAS			Dau	nd L.n	rcDaniel	17.5	K My	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	136	55.69	gewood	AUE.	•	
TITLE			ITILE			res.	3205		☐ Change	☐ Addition
NAME			NAME				c O a ala l	m f-Q	_	- Accident
STREET ADDRESS			STREE	ET ADDRESS	136	5 S. Ed	cDaniel Lewood A	ue.	•••	
CITY-ST-ZIP			СПҮ-	ST-ZIP	Jax	FL 3	2205			
RILE				TITLE					Change	☐ Addition
NAME CORECT ADDRESS				NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP						
TITLE	···	☐ Delete	TITLE		 				☐ Change	Addition
NAME									_ onlings	
STREET ADDRESS			STREET ADDRESS							
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NAME			NAME							
STREET ADDRESS				ET ADDRESS						
CITY-S1-ZIP CITY 11. I hereby certify that the information supplied with this filing does not qualify for the exer					<u> </u>					
	enuv alau bie biolinialion supplied with	uus uuno ooes not oualiv tot l	uie exer	HOUGAS CO	ontainec i	in Chapter 119.	morida Statutes, Li	urmer certify	v that the info	mation

11. I nereoy certify that the information supplied with finis filling does not qualify for the exemptions contained in Chapter 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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF MOMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/06

904-387-695

Daytme Phone #