


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000029371
 1. Entity Name
 SHELBY AVENUE PROPERTIES, LLC



Principal Place of Business 1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205	Mailing Address 1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205
--	--

DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2569414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDANIEL, DAVID L
 1651 BLANDING BOULEVARD
 JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCDANIEL, DAVID 1365 S EDGEWOOD AVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCDANIEL, RITA M 1365 S EDGEWOOD AVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000590519
 01/18/07-80058-024 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 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: Rita McDaniel 1/11/07 387-6195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #