

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90432 001 \*\*\*100.00

<b>DOCUMENT # L05000095429</b> 1. Entity Name SHELL POINT RESERVE, LLC			
Principal Place of Business 3540 FOREST HILL BLVD. SUITE 203 WEST PALM BEACH, FL 33406		Mailing Address 3540 FOREST HILL BLVD. SUITE 203 WEST PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box # 2655 No Ocean Dr Suite, Apt. #, etc. #310 City & State Singer Island FL Zip 33404 Country US		3. Mailing Address 2655 No Ocean Dr Suite, Apt. #, etc. #310 City & State Singer Island FL Zip 33404 Country US	
4. FEI Number 20-3697434		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03242007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  ARMOUR, ALAN II 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, GEORGE W 2655 NORTH OCEAN SUITE 310 SINGER ISLAND, FL 33404 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENTRY, DEBORAH A 3540 FOREST HILL BOULEVARD SUITE 203 WEST PALM BEACH, FL 33406 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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: <i>Deborah A Dentry</i> <b>Deborah A Dentry</b>		Date: <i>3/23/07</i> <b>3/23/07</b> Daytime Phone #: <i>561/433 4810</i>	