## 2006 LIMITED LIABILITY COMPANY

SIGNATURE:

## Feb 16, 2006 8:00 am Secretary of State ANNUAL REPORT 🗪 🕒 **DOCUMENT # L05000107915** 01-20-2006 90048 008 \*\*\*\*50.00 1. Entity Name CSHELL PROPERTIES LLC Principal Place of Business Mailing Address 14609 DRAFT HORSE LANE 14609 DRAFT HORSE LANE WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 CR2E083 (11/05) Cha-LLC City & State City & State 4. FEI Numb Applied For 20-3742255 Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, SHELLY Street Address (P.O. Box Number is Not Acceptable) .... 14609 DRAFT HORSE LANE WELLINGTON, FL 33414 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.5 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete Change ☐ Addition SCHWARTZ, SHELLY NAME MARKET 14609 DRAFT HORSE LANE STREET ADDRESS STREET ACCRESS CITY-ST-70P WELLINGTON, FL 33414 CITY-ST-ZP TITLE Delete TALE ☐ Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Octob MIF ☐ Addition Chappe NAME MARKE STREET ADDRESS STREET ADDRESS CTTY-ST-21\* CETY-ST-ZP mu ☐ Delete TIFLE Channe ☐ Addition HALF MAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CETY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition HAME THAM STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MILE TITLE □ Delete ☐ Change ☐ Addition ши NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver outputs for execute this report as required by Chapter 608, Florida Statutes.

O MENDER, MANAGER, OR A

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## **ATTACHMENT**



January 27, 2006

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CSHELL PROPERTIES LLC 14609 DRAFT HORSE LANE WELLINGTON, FL 33414

Subject: CSHELL PROPERTIES LLC

Reference Number:

1.05000107915

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION