


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90349 015 ****50.00

DOCUMENT # L05000107915					
1. Entity Name CSHELL PROPERTIES LLC					
Principal Place of Business 14609 DRAFT HORSE LANE WELLINGTON, FL 33414			Mailing Address 14609 DRAFT HORSE LANE WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 2723 Ravella Way		3. Mailing Address 2723 Ravella Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL		4. FEI Number 20-3742255	
Zip 33410		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, SHELLY 14609 DRAFT HORSE LANE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name: Shelly Wald Street Address (P.O. Box Number is Not Acceptable): 2723 Ravella Way City: Palm Beach Gardens FL Zip Code: 33410			
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: <i>Shelly Wald</i> DATE: 4-30-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, SHELLY 14609 DRAFT HORSE LANE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALD, SHELLY 2723 Ravella Way Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Shelly Wald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-30-07 <small>Date</small>		
			<small>Daytime Phone #</small>		