

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107024

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** SHELTER VENETIAN ISLES II LLC

**Current Principal Place of Business:**

1600 HOPKINS CROSSROADS  
MINNEAPOLIS, MN 553052026

**New Principal Place of Business:**

**Current Mailing Address:**

1600 HOPKINS CROSSROADS  
MINNEAPOLIS, MN 553052026

**New Mailing Address:**

**FEI Number:** 20-5987891      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: GARRETT, CARLSON  
Address: 1600 HOPKINS CROSSROAD  
City-St-Zip: MINNETONKA, MN 55305

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARRETT CARLSON

MR

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date