



**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>27 FEB 10 AM 11:03</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>									
<b>FILING FEE</b> <b>\$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>											
1. Name and Mailing Address of Limited Liability Company  <b>SHELTER HARBOR REALTY, L.C. % STEPHEN H REYNOLDS ESQ 111 MADISON ST, 23RD FLOOR TAMPA FL 33602</b>		<b>DOCUMENT #</b> L93000000437  1a. Principal Place of Business Address  <b>% STEPHEN H REYNOLDS ESQ 111 MADISON ST, 23RD FLOOR TAMPA FL 33602</b>											
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified <b>12/16/1993</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>22-3272470</b> 5. Date of Last Report <b>02/22/1996</b> 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Applicable for Required									
7. Name and Address of Current Registered Agent  <b>REYNOLDS, STEPHEN H ESQ MACFARLANE FERGUSON 111 MADISON ST TAMPA FL 33602</b>		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City      Zip Code <b>FL</b>											
<small>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</small>													
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">10. Title</td><td style="width: 30%;">Managing Members/Managers</td><td style="width: 30%;">Business Street Address</td><td style="width: 30%;">City, State and Zip Code</td></tr><tr><td>MGR</td><td>CASPERSEN, FINN M W</td><td>PO BOX 800 N/A</td><td>ANDOVER NJ</td></tr></table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	CASPERSEN, FINN M W	PO BOX 800 N/A	ANDOVER NJ
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<b>700002084917--3</b> <b>-02/12/97--01027--011</b> <b>****203.75 ****203.75</b> 													
<small>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 registered agent or am empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.</small>													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>													
<small>Date      Daytime Phone #</small>													