

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L95000000898

1. Entity Name  
SHELTER REALTY, L.C.



Principal Place of Business  
1330 GALLEON DRIVE  
NAPLES, FL 34102-7712

Mailing Address  
P.O. BOX 1826  
NAPLES, FL 34106-1826



07052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0626046

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VOGEL, JAMES D  
3936 TAMiami TRAIL NORTH  
SUITE B  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CARLSON, GARRETT G SR.
STREET ADDRESS	1330 GALLEON DRIVE
CITY-ST- ZIP	NAPLES, FL
TITLE	MGRM
NAME	SHELL, LYNN CARLSON
STREET ADDRESS	900 SECOND AVENUE, SOUTH
CITY-ST- ZIP	MINNEAPOLIS, MN 55402
TITLE	MGR
NAME	VOGEL, JAMES D
STREET ADDRESS	3936 TAMiami TRAIL NORTH SUITE B
CITY-ST- ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

000000374359  
07/25/05-80006-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-19-05 239-262-3744

Date

Daytime Phone #