

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L95000000898 1. Entity Name SHELTER REALTY, L.C.	
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Principal Place of Business 1330 GALLEON DRIVE NAPLES, FL 34102-7712	Mailing Address P.O. BOX 1826 NAPLES, FL 34106-1826
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-LLC

CR2E083 (11/05)

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
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**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

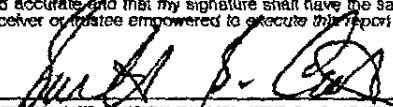
**Filing Fee is \$50.00
Due by May 1, 2006**

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

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IN THIS SPACE**

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05/12/06-80010-020 50.00

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 606, Florida Statutes.

SIGNATURE:  **4-19-06 239-262-3744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #