

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90179 041 ****50.00

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**

60035360



2. Principal Place of Business - No P.O. Box #
674 PALM CIRCLE W

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052007 Chg-LLC CR2E083 (12/06)

City & State
NAPLES, FL

City & State

4. FEI Number
65-0626046

Applied For
Not Applicable

Zip
34102

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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
**MGRM
CARLSON, GARRETT G SR.
1330 GALLEON DRIVE
NAPLES, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLSON, GARRETT G. SR.
674 PALM CIRCLE W
NAPLES, FL 34102** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHELL, LYNN CARLSON
900 SECOND AVENUE, SOUTH
MINNEAPOLIS, MN 55402** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHELL, LYNN CARLSON
1600 HOPKINS CROSSROADS
MINNEAPOLIS, MN 55305-2026** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VOGEL, JAMES D
3936 TAMiami TRAIL NORTH SUITE B
NAPLES, FL 34103** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

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

4-5-07

Date

239-262-3744

Daytime Phone #