2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# L95000000898

Entity Name: SHELTER REALTY, L.C.

Current Principal Place of Business:

674 PALM CIRCLE WEST
NAPLES, FL 341027712

New Principal Place of Business:

674 PALM CIRCLE WEST
NAPLES, FL 34102

Current Mailing Address:

3936 TAMIAMI TRAIL NORTH
SUTIE B
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0626046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOGEL, JAMES D
3936 TAMIAMI TRAIL NORTH
SUITE B
NAPLES, FL 34103 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:	MGRM	( ) Delete
Name:	CARLSON, GARRETT G SR.	
Address:	674 PALM CIRCLE WEST	
City-St-Zip:	NAPLES, FL 34102	
Title:	MGRM	( ) Delete
Name:	SCHELL, LYNN CARLSON	
Address:	1600 HOPKINS CROSSROADS	
City-St-Zip:	MINNEAPOLIS, MN 55305	
Title:	MGR	( ) Delete
Name:	VOGEL, JAMES D	
Address:	3936 TAMIAMI TRAIL NORTH SUITE B	
City-St-Zip:	NAPLES, FL 34103	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 G. CARLSON, SR. MGRM 05/07/2009

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