



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company SHELTER PROPERTIES, LLC C/O THE SHELTER GROUP 218 N. CHARLES STREET, SUITE 500 BALTIMORE MD 21201-0595		DOCUMENT # M96000000130 1a. Principal Place of Business Address C/O THE SHELTER GROUP 218 N. CHARLES STREET, SUITE BALTIMORE MD 21201	
2. Principal Place of Business SAME		3. Date Organized or Qualified 04/18/1996	
Suite, Apt. #, etc.		3a. State of Formation MD	
City & State		4. FEI Number 52-1950867 <input checked="" type="checkbox"/> APPLIED FOR	
Zip		5. Date of Last Report	
Country		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DUKER, MARILYNN K	218 N. CHARLES STREET, SUI	BALTIMORE MD
MGRM	RICHMAN, ARNOLD I.	318 N. CHARLES STREET, SUITE 500,	BALTIMORE MD
			100002079081--1 -02/05/97--01096--012 ****203.75 ****203.75 JB2-4-97
11. I do 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 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 receiver or trustee 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.			
SIGNATURE: 		Marilynn K. Duker 1/24/97 (410) 962-0595	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	