

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -1 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000145854					
1. Entity Name SHELBY HOMES AT MARINER COVE, INC.					
Principal Place of Business 6363 NW 6TH WAY SUITE 250 FT LAUDERDALE, FL 33309			Mailing Address 6363 NW 6TH WAY SUITE 250 FT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3706028 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				02142007 Chg-P CR2E034 (12/06) 07 \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMON, ERIC A 6363 NW 6TH WAY SUITE 250 FT LAUDERDALE, FL 33309				Name <u>ROBERT SHELLEY</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> 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: <u>ROBERT SHELLEY</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (DATE: <u>4/24/07</u> )					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D, P		TITLE		
NAME	SHELLEY, ROBERT		NAME		
STREET ADDRESS	6363 NW 6TH WAY, SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	SIMON, ERIC A		NAME		
STREET ADDRESS	6363 NW 6TH WAY, SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	SHELLEY, JASON		NAME		
STREET ADDRESS	6363 NW 6TH WAY, SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	RESCH, ALAN		NAME		
STREET ADDRESS	448 VIKING DRIVE, SUITE 225		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, FL 23452		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>ROBERT SHELLEY</u> <u>4/24/07</u> <u>954-318-1000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					