


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000309 1. Entity Name SHACKELFORD, L.C.	
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Principal Place of Business PO BOX 91 ELLENTON, FL 34222	Mailing Address PO BOX 91 ELLENTON, FL 34222
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0975216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHACKELFORD, BRUCE
9928 SR64 EAST
BRADENTON, FL 34212

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART SHACKELFORD, BRUCE PO BOX 91 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART JAMES, KAREN 25426 RANCAQUA DR. PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART SHACKELFORD, GARY L 7310 15TH AVE. N.W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART SHACKELFORD, LELAND 3212 COUNTRY RIVER DR. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART SHACKELFORD, BRENT PO BOX 91 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/14/05-80094-012 50.00

11. I 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 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: Bruce Shackelford Bruce Shackelford 3/10/05 941-737-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #