


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000309</b>	
1. Entity Name SHACKELFORD, L.C.	

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**



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0975216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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, 2007

U00000587563  
01/17/07-80038-011 50.00

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**

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:** *Bruce Shackelford* **BRUCE SHACKELFORD** *1/9/07* **941-725-1358**

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #