2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000309

1. Entity Name

SHACKELFORD, L.C.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90195 041 ****50.00

PO BOX 91 ELIENTON FL 34222 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City	Principal Place	e of Business	Mailing Address							
Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City &	PO BOX 91		PO BOX 91	BOX 91						
Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City &										
Zp Country Zp Country State	2. Principal Place of Business 3. Mailing Address							BBIII BBIII BBII		
Some and Address of Current Registered Agent Some and Address of Current Registered Agent Some and Address of Current Registered Agent Some and Address of New Registered Agent Some and Address of New Registered Agent Some Address Some Address of New Registered Agent Some Address Some Address of New Registered Agent Some Address So	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
S. Not received. See Decirion Seed Decirion	City & State	9	City & State							<u> </u>
SHACKELFORD, BRUCE 1205 28TH AVE. EAST PALMETTO FL. 34221 City FL Zip Code	Zip	Country	Zip	Count	ry	5. Certifica				
SHACKELFORD, BRUCE 1205 SSTIM AVE EAST PALMETTO FL 34221 City FL Zip Cooc		6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Ro	egistered Aq	gent	
Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code	CHV	CKELEUDU BBITCE		Name						
B. 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 Signature byte of printed norre of registered agent and tile 1 applicable. (INDTE: Registered Agent signature required when reintesting) DATE	1205 28TH AVE. EAST				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignATURE					City		<u></u>	FI	Zip Coo	le
Spreadure, hyped or prince name of registered agent and life it applicable. (NOTE Registered Agent sequence reducted when relectation) Delta			r the purpose of changing its	s registere	d office or regis	tered agent, or t	ooth, in the State of Flor		<u> </u> miliar with,	and accept
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE SHACKELFORD, BRUCE STREET ADDRESS OTTY-ST-ZP CITY-ST-ZP P D BOX 91 ELLENTON FL 34222 CTY-ST-ZP TITLE JAMES , KAREN SIREET ADDRESS OTTY-ST-ZP TITLE JAMES , KAREN SIREET ADDRESS OTTY-ST-ZP FART Delete STREET ADDRESS OTTY-ST-ZP TITLE PART Delete STREET ADDRESS OTTY-ST-ZP TITLE PART Delete STREET ADDRESS OTTY-ST-ZP TITLE PART Delete STREET ADDRESS OTTY-ST-ZP TITLE SHACKELFORD, GARY L-STREET ADDRESS OTTY-ST-ZP TITLE SHACKELFORD, GARY L-STREET ADDRESS OTTY-ST-ZP TITLE SHACKELFORD, LELAND SIREET ADDRESS OTTY-ST-ZP TITLE PART Delete STREET ADDRESS OTTY-ST-ZP TITLE SHACKELFORD, LELAND SIREET ADDRESS OTTY-ST-ZP TITLE SHACKELFORD, BRENT Delete STREET ADDRESS OTTY-ST-ZP TITLE SHACKELFORD, BRENT Delete STREET ADDRESS OTTY-ST-ZP TITLE SHACKELFORD, BRENT DELETE DE	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registered	Agent signature regu	rired when reinstating)		DATE		
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9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE PART Delete NAME STREET ADDRESS CITY-ST-ZIP LILENTON FL 34222 TITLE JAMES, KAREN STREET ADDRESS CITY-ST-ZIP PART Delete TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME SHACKELFORD, LELAND STREET ADDRESS CITY-ST-ZIP TITLE NAME SHACKELFORD, BRENT STREET ADDRESS CITY-ST-ZIP NAME SHACKELFORD, BRENT STREET ADDRESS CITY-ST-ZIP TITLE NAME SHACKELFORD, BRENT STREET ADDRESS CITY-ST-ZIP Delete NAME SHACKELFORD, BRENT STREET ADDRESS CITY-ST-ZIP TITLE NAME SHACKELFORD, BRENT STREET ADDRESS CITY-ST-ZIP NAME SHACKELFORD, BRENT STREET ADDRESS CITY-ST-ZIP Delete NAME SHACKELFORD, BRENT STREET ADDRESS CITY-ST-ZIP TITLE NAME SHACKELFORD, BRENT STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE	_				•					
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941-722-0596 SIGNATURE: DANGE STANKE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGE MANAGER, OR AUTHORIZED REPRESENTATIVE