

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053072

**FILED**  
**Jan 15, 2006**  
**Secretary of State**

**Entity Name:** PHILIP A. SHELTON, M.D., J.D. & ASSOCIATES LLC

**Current Principal Place of Business:**

P. O. BOX 34090 PERDIDO KEY  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50058  
NEW ORLEANS, LA 70113

**New Mailing Address:**

PO BOX 50058  
NEW ORLEANS, LA 701500058

FEI Number: 20-0675923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHELTON, PHILIP A  
34090 PERDIDO KEY  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHELTON, PHILIP A  
Address: P.O. BOX 34090 PERDIDO KEY  
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM ( ) Delete  
Name: GIC, JUDY  
Address: P.O. BOX 34090 PERDIDO KEY  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP A. SHELTON

MGR

01/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date