

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096911

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: SHACKELFORD ENTERPRISES, LLC

**Current Principal Place of Business:**

1635 SW SPIRIT AVENUE  
FT. WHITE, FL 32038 US

**New Principal Place of Business:**

**Current Mailing Address:**

1635 SW SPIRIT AVENUE  
FT. WHITE, FL 32038 US

**New Mailing Address:**

FEI Number: 20-3660023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHACKELFORD, PAT S III  
1635 SW SPIRIT AV.  
FT. WHITE,, FL 32038 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: MGR ( ) Delete  
Name: SHACKELFORD, PAT S III  
Address: 1635 SW SPIRIT AV.  
City-St-Zip: FT. WHITE, FL 32038 US

Title: MGRM ( ) Delete  
Name: SHACKELFORD, NANCY D  
Address: 1635 SW SPIRIT AV.  
City-St-Zip: FT. WHITE, FL 32038 US

**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: PAT S. SHACKELFORD, III

MGR

04/26/2006

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