

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90045 013 ****50.00

DOCUMENT # M98000001149

1. Entity Name
SHEPHERD & GELLER, LLC



Principal Place of Business
**2255 GLADES ROAD, SUITE 421A
BOCA RATON, FL 33431**

Mailing Address
**2255 GLADES ROAD, SUITE 421A
BOCA RATON, FL 33431**



2. Principal Place of Business
197 SOUTH FEDERAL HIGHWAY

3. Mailing Address
197 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

07202004 Chg-LLC CR2E083 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
23-2976070

Applied For
☐ Not Applicable

Zip
33432-4946

Country

Zip
33432-4946

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent -

**CAULEY GELLER BOWMAN & COATES, LLP
2255 GLADES ROAD, SUITE 421A
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent -

Name **PAUL J GELLER**

Street Address (P.O. Box Number is Not Acceptable)

197 SOUTH FEDERAL HIGHWAY

SUITE 200

City **BOCA RATON**

FL

Zip Code
33432

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

8-11-04

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CAULEY GELLER BOWMAN & COATES, LLP
2255 GLADES ROAD, SUITE 421A
BOCA RATON, FL 33431**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PAUL J GELLER
197 SOUTH FEDERAL HIGHWAY, STE 200
BOCA RATON, FL 33432**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Paul J. Geller Partner 8-11-04

Date

Daytime Phone #

561-750-3000