

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013818 AF

DOCUMENT # B00000000291

1. Entity Name

SHEPHERD ASSOCIATES LTD., A CALIFORNIA LIMITED P

FILED

01 APR 27 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

500 EAST BROWARD BOULEVARD, SUITE 1950  
FORT LAUDERDALE FL 33394

500 EAST BROWARD BOULEVARD, SUITE 1950  
FORT LAUDERDALE FL 33394

2. Principal Place of Business

3800 VIA PESCADOR

3. Mailing Address

P.O. BOX 1305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAMARILLO CA

City & State

CAMARILLO CA

4. FEI Number

68-0065608

Applied For

Not Applicable

Zip

93012

Country

U.S.A.

Zip

93011

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J ESQ.  
500 EAST BROWARD BOULEVARD, SUITE 1950  
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$195,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME  
SHEPHERD MANAGEMENT, INC.  
STREET ADDRESS  
3800 VIA PESCADOR  
CITY-ST-ZIP  
CAMARILLO CA 93011

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DEYNIS SHEPHERD

4/9/01

805-389-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)