

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 26 AM 9:48

DOCUMENT # B00000000291



1. Entity Name  
SHEPHERD ASSOCIATES LTD., A CALIFORNIA LIMITED  
PARTNERSHIP

Principal Place of Business  
3800 VIA PESADOR  
CAMARILLO, CA 93012

Mailing Address  
P.O. BOX 1305  
CAMARILLO, CA 93011



03102006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
68-0065608

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

500075894635  
06/06/06--01060--011 \*\*1350.00

**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
STREET ADDRESS	3800 VIA PESADOR
CITY-ST-ZIP	CAMARILLO, CA 93011
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Dennis Shepherd* DENNIS SHEPHERD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/8/06

Date

805.389-1141

Daytime Phone #

STAPLE CHECK HERE