

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005788

Entity Name: SHEPARD FAMILY, LLC

**FILED**  
**Jul 22, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

300 S. ORANGE AVENUE, SUITE 1000  
ORLANDO, FL 32801

**New Principal Place of Business:**

300 S. ORANGE AVENUE, SUITE 1000  
ORLANDO, IL 32801

**Current Mailing Address:**

300 S. ORANGE AVENUE, SUITE 1000  
ORLANDO, FL 32801

**New Mailing Address:**

855 JENNIFER COURT  
LAKE FOREST, IL 60045

FEI Number: 36-4442340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'KEEFE, DANIEL T  
300 S. ORANGE AVENUE, SUITE 1000  
ORLANDO, FL 32801

**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/MEMBERS:**

Title: MGR ( ) Delete  
Name: SHEPARD, GEORGE  
Address: 930 CARRIAGE LANE  
City-St-Zip: LAKE BLUFF, IL

Title: MGR ( ) Delete  
Name: SHEPARD, LORRAINE  
Address: 930 CARRIAGE LANE  
City-St-Zip: LAKE BLUFF, IL

**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 Section 119.07(3)(i), 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: GEORGE SHEPARD

MGR

07/22/2004

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