

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007034

FILED
Apr 25, 2004
Secretary of State

Entity Name: SHEPHERD'S LANE HOLDINGS, LLC

Current Principal Place of Business:

2500 N. MILITARY TRAIL
SUITE 480
BOCA RATON, FL 33431 US

New Principal Place of Business:

12159 NW 77TH MANOR
PARKLAND, FL 33076 US

Current Mailing Address:

2500 N. MILITARY TRAIL
SUITE 480
BOCA RATON, FL 33431 US

New Mailing Address:

12159 NW 77TH MANOR
PARKLAND, FL 33076

FEI Number: 94-1687665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BDB AGENT CO.
2500 N. MILITARY TRAIL
SUITE 480
BOCA RATON, FL 33431 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/MEMBERS:

Title: MGR () Delete
Name: GORZECK, RANA M
Address: 2500 N. MILITARY TRAIL, SUITE 480
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: MONGOLIS, DENNIS W
Address: 5670 NW 125TH AVENUE
City-St-Zip: CORAL SPRING, FL 33076

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MARGOLIS, DENNIS W
Address: 5670 NW 125TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

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: RANA M. GORZECK

PRES

04/25/2004

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