


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90427 026 ****50.00

DOCUMENT # L02000018958 1. Entity Name MCSHEF VENTURES, LLC	
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Principal Place of Business 1431 TROUT DRIVE PANAMA CITY, FL 32411	Mailing Address P.O. BOX 28329 PANAMA CITY, FL 32411-8329
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2096912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <i>Sheffield - Please Contact</i> SHEFFELD, SUZANNE M 1431 TROUT DRIVE PANAMA CITY, FL 32411

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEFFIELD, SUZANNE M 1431 TROUT DRIVE PANAMA CITY, FL 32411
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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: *Suzanne M Sheffield* **Suzanne M Sheffield** *05/28/05* **850-233-0950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #