2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 18, 2004 8:00 am Secretary of State

DOCUMENT # L03000049011 1. Entity Name SHEPERD826 LIMITED LIABILITY COMPANY						08-18-20	004 900	78 029 **	**50.00
MAHAN OAKS MAHAN DRIV TALLAHASSE	E STE. 5 E, FL 32308	Mailing Address MAHAN OAKS CENTER MAHAN DRIVE STE. 5 TALLAHASSEE, FL 32308			240080122				
2. Principal P 3898 Suite, Apt.	Maran DR	3. Mailing Address Suite, Apt. #, etc.			07122004	 		083 (10/03)	
City & Stat	llahassee.71	City & State			4. FEI Numb			<u> </u>	plied For at Applicable
3231	Country 6. Name and Address of Current F	Zip	Coun	ntry		e of Status Desired		\$5.00 Add	
	d. Name and Address of Current P	registered Agent		Name	7. Name an	D ADDIESS OF NEW I	egistered	Agent	
	E, PATTY EDONIAN COURT SSEE, FL 32312		Street Address (dress (P.O. Box Number is Not Acceptable)					
				City			Fl		
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 .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature required	d when reinstating)		DATE		
Fil Due t	ing Fee is \$50.00 by September 8, 2004			•			payable to nent of State	•	
9.	MANAGING MEMBEI	RS/MANAGERS	10.		, .	ADDITIONS/	CHANGE	S	
TITLE	MGR	☐ Delete	TITL	E				Change	☐ Addition
NAME OVERT ADDRESS OF	MCALPINE, PATTY		NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE	MGRM	☐ Delete	TITL				<u> </u>	☐ Change	Addition
NAME	MCALPINE, KEVIN	Delete	NAM	•				Onungo	[_] Nonnon
STREET ADDRESS	8886 CALEDONIAN COURT		STRE	EET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY	'-ST-ZIP					
TITLE		☐ Delete	TITL	E				Change	☐ Addition
NAME .	·	•	NAM	-1 -	-		•	<u>_</u> .	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TITL			-#: <u>L</u> -		☐ Change	☐ Addition
NAME	,	Delete	NAM					Onengo	
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TITLE		☐ Delete	TITL			*		☐ Change	Addition
NAME		L Delete	NAM						L. J. J. Gallinson
STREET ADDRESS	•			EET ADDRESS					
CITY-ST-ZIP			CITY	7-\$T-2IP					
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 eath; that I am a managing member or manager of the									
limited liability company or the receiver or trustee empowered be execute this report as required by Chapter 608, Florida Statutes.									
1 / 6 / / 6 / / 6 / / Color / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /									
SIGNATURE SIGNATURE AND TYPET OF PRINTED NAME OF SIGNANG MANAGER DRAILTHORIZED REPORTED TATUE									