

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

01-11-2005 90020 010 ****50.00

DOCUMENT # L04000010968					
1. Entity Name HORACE SHEPHEARD, L.L.C.					
Principal Place of Business 457 VANDERHEIDE RD. DEFUNIAK SPRINGS, FL 32433 US			Mailing Address P.O. BOX 1107 DEFUNIAK SPRINGS, FL 32435 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SHEPHEARD, HORACE 457 VANDERHEIDE RD. DEFUNIAK SPRINGS, FL 32433				7. Name and Address of New Registered Agent Name: <u>DOUGLAS SHEPHEARD</u> Street Address (P.O. Box Number is Not Acceptable) <u>30 BLUE GILL LOOP</u> City: <u>DEFUNIAK SPRINGS</u> FL Zip Code: <u>32433</u>	
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: <u>[Signature]</u> DATE: <u>1-07-2005</u> Signature printed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEPHEARD, HORACE 457 VANDERHEIDE RD. DEFUNIAK SPRINGS, FL 32433 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEPHEARD, DOUGLAS 30 BLUEGILL LOOP DEFUNIAK SPRINGS, FL 32433 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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: <u>[Signature]</u> <u>DOUGLAS SHEPHEARD</u> <u>1-07-2005</u> <u>(850) 892-3226</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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4. FEL Number 33-1085955 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required