2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# L04000010968

Entity Name: HORACE SHEPHEARD, L.L.C.

Current Principal Place of Business:

457 VANDERHEIDE RD.
DEFUNIAK SRINGS, FL 32433 US

New Principal Place of Business:

4737 ADAMS RD
LAUREL HILL, FL 32567 US

Current Mailing Address:

P.O. BOX 1107
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 33-1085955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPHEARD, DOUGLAS
30 BLUE GILL LOOP
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

SHEPHEARD, DOUGLAS L
4737 ADAMS RD
LAUREL HILL, FL 32567 US

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: DOUGLAS L SHEPHEARD 01/16/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHEPEARD, DOUGLAS
Address: 30 BLUEGILL LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: MGRM (X) Delete
Name: SHEPEARD, DOUGLAS
Address: 30 BLUEGILL LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHEPHEARD, DOUGLAS L
Address: 4737 ADAMS RD
City-St-Zip: LAUREL HILL, FL 32567 US

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 Chapter 119, 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: DOUGLAS L SHEPHEARD MGRM 01/16/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date