


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000014397</b> 1. Entity Name H&S PARTNERS, LLC	
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Principal Place of Business 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411 US	Mailing Address POST OFFICE BOX 28329 PANAMA CITY BEACH, FL 32411 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 50-2437233	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  SHEFFIELD, JOSEPH A SR. 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE


**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR SHEFCO, LLC 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCMR HOCKER, KENNETH E 346 SHORE DRIVE DESTIN, FL 32550
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000537883 05/09/06-80036-015 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **JOSEPH A. SHEFFIELD** **04/24/06 (850) 233-0956**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #