

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000014397

1. Entity Name
H&S PARTNERS, LLC



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**

FILED
Apr 04, 2007 08:00 AM
Secretary of State



03282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR SHEFCO, LLC 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000688910
04/11/07-80015-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

03/28/07

850-233-0956