

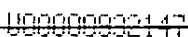
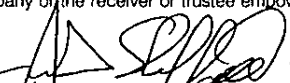


**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000014397</b> 1. Entity Name <b>H&amp;S PARTNERS, LLC</b>				<b>Apr 29, 2008 08:00</b> <b>Secretary of State</b>	
Principal Place of Business <b>1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411 US</b>		Mailing Address <b>POST OFFICE BOX 28329 PANAMA CITY BEACH, FL 32411 US</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				<b>04202008 No Chg-LLC CR2E083 (12/07)</b>	
		4. FEI Number <b>50-2437233</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHEFFIELD, JOSEPH A SR. 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>					
9. MANAGING MEMBERS/MANAGERS				 <b>05/22/08-80042-024 138.75</b>	
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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:  <b>JOSEPH A. SHEFFIELD</b>				<b>04/21/08 850-233-0956</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	