
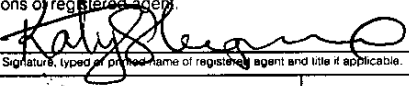
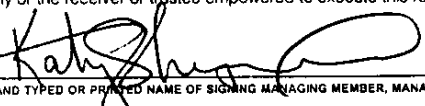


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90031 044 ****50.00

DOCUMENT # L04000020486													
1. Entity Name SHEPARD REAL ESTATE HOLDINGS, LLC													
Principal Place of Business 14621 AERIES WAY FORT MYERS, FL 33912			Mailing Address 4 PINECREST TERR PORTSMOUTH, NH 03801										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1 Falkland Place											
Suite, Apt. #, etc.		Suite, Apt. #, etc. #4											
City & State		City & State Portsmouth, NH		4. FEI Number NOT APPLICABLE									
Zip		Country 03801 USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent SHEPARD, KIM B 14621 AERIES WAY FORT MYERS, FL 33912			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	FL Zip Code												
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 		KIM B. SHEPARD		4/21/07									
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		Make check payable to Florida Department of State											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	SHEPARD, KIM		NAME										
STREET ADDRESS	4 PINECREST TERR		STREET ADDRESS										
CITY-ST-ZIP	PORTSMOUTH, NH 03801		CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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CITY-ST-ZIP			CITY-ST-ZIP										
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NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			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: 		KIM B. SHEPARD		4/21/07 603-427-2460									
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date		Daytime Phone #									