


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90109 038 \*\*\*\*55.00

|                                     |                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000063154</b>      |  |
| 1. Entity Name<br><b>SHEPRE LLC</b> |                                                                                   |

|                                                                                              |                                                                                  |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>10311 CROSS CREEK BLVD<br/>SUITE H<br/>TAMPA, FL 33647</b> | Mailing Address<br><b>10311 CROSS CREEK BLVD<br/>SUITE H<br/>TAMPA, FL 33647</b> |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

**30010790**



|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Suite, Apt. #, etc.<br><b>Suite F</b> | Suite, Apt. #, etc.<br><b>Suite F</b> |
|---------------------------------------|---------------------------------------|

06302005 Chg-LLC CR2E083 (10/03)

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-1830704</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                                                      |                                       |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|----------------------------------------------------------------------|---------------------------------------|

|                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|-------------------------------------------------|---------------------------------------------|

|                                                                          |                                                    |
|--------------------------------------------------------------------------|----------------------------------------------------|
| <b>AYERS, SHEILA A<br/>15502 APACHE DRIVE<br/>THONOTOSASSA, FL 33592</b> | 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 *Sheila Ayers* Sheila Ayers -owner 7/15/05 DATE  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                        | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>AYERS, SHEILA A<br>15502 APACHE DRIVE<br>THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sheila Ayers* Sheila Ayers 7/15/05 (813)994-9537  
(Signature and typed or printed name of signing managing member, manager, or authorized representative) Date Daytime Phone #