

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000063154

1. Entity Name
SHEPRE LLC



FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business
**10311 CROSS CREEK BLVD
SUITE F
TAMPA, FL 33647**

Mailing Address
**10311 CROSS CREEK BLVD
SUITE F
TAMPA, FL 33647**



07102008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1830704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**AYERS, SHEILA A
15502 APACHE DRIVE
THONOTOSASSA, FL 33592**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000957391
08/08/08-80007-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AYERS, SHEILA A
STREET ADDRESS	15502 APACHE DRIVE
CITY-ST-ZIP	THONOTOSASSA, FL 33592
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	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/14/08 (813) 994-9537
Date Daytime Phone #