2006 LIMITED LIABILITY COMPANY , ANNUAL REPORT (AR)

WILLIAM SHEPHARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, BRAUTHORIZED RIP RESENTATIVE

SIGNATURE:

FILED DOCUMENT # L04000094114 Apr 14, 2006 08:00 AN 1. Entity Name **Secretary of State** SHEPHARD'S BEACH CLUB, LLC Principal Place of Business Mailing Address 601-619 GULFVIEW BOULEVARD 601-619 GULFVIEW BOULEVARD CLEARWATER BEACH FL 33767 CLEARWATER BEACH FL 33767 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-2097786 Not Applicat ': Country Zip Country Zíp \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition Change TIDE MGRM ☐ Delete SHEPARD, WILLIAM NAME. H00000509446 N4/28/N6-8NN44-017 50.00 STREET ADDRESS STREET ADDRESS 601-619 S GULFVIEW BLVD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BEACH FL 33767 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE MALAT MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete ☐ Change Addition HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIDE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 208, Florida Statutes.

3/31/06 727-442-5107

Daytime Phone #