

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042607

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: SHEPARD MANAGEMENT SOLUTIONS, LLC.

## Current Principal Place of Business:

2121 WOOD ST.  
#H-132  
SARASOTA, FL 34237

## New Principal Place of Business:

2100 SOUTH TAMiami TRAIL  
SUITE #202  
SARASOTA, FL 34239

## Current Mailing Address:

PO BOX 1537  
SARASOTA, FL 34230

## New Mailing Address:

FEI Number: 56-2511255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLE SHEPARD, JENNIFER E  
2121 WOOD ST.  
#H-132  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

COLE SHEPARD, JENNIFER E  
2121 WOOD STREET  
#H-132  
SARASOTA, FL 34237 US

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.

SIGNATURE: JENNIFER E. COLE SHEPARD

03/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COLE SHEPARD, JENNIFER E  
Address: 2121 WOOD ST. #H-132  
City-St-Zip: SARASOTA, FL 34237

Title: MGRM ( ) Delete  
Name: SHEPARD, DAVID M  
Address: 2121 WOOD ST. #H-132  
City-St-Zip: SARASOTA, FL 34237

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER E. COLE SHEPARD

MGR

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date