2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-12-2006 90022 020 ****50.00

DOCUMENT # L05000062929

1. Entity Name

DENNIS SHEPPARD REAL ESTATE, LLC

Principal Place of Business	Mailing Address
~~2040 HIGHWAY A1A #205~~	~~2040 HIGHWAY A1A #205~~
INDIAN HARBOUR BEACH FL 32937	INDIAN HARBOUR BEACH FL 32937

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
2060 Highway A1A		2060 Highway A1A	
Suite, Apt. #, etc.: 301		Suite, Apt. #, etc.: 301	
City & State: Indian Harbour Beach		City & State: Indian Harbour Beach	
Zip: 32937	Country:	Zip: 32937	Country:

4. FEI Number: 20-2954891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, DENNIS
2040 HIGHWAY A1A #205
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHEPPARD, DENNIS		NAME		
STREET ADDRESS	~~2040 HIGHWAY A1A #205~~		STREET ADDRESS	2060 Highway A1A #301	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE		☐ Delete	TITLE		☐ 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			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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 608, Florida Statutes.

SIGNATURE: [signature] 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #