

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000022

1. Entity Name
 SHV LIMITED PARTNERSHIP, LLLP



Principal Place of Business
 2913 WESTSIDE BLVD.
 JACKSONVILLE, FL 32209

Mailing Address
 2913 WESTSIDE BLVD.
 JACKSONVILLE, FL 32209

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232007

Chg-LP

CR2E003 (12/06)

4. FEI Number

02-0543623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
 50 N. LAURA ST., SUITE 2750
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
 BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 50 N. LAURA ST., SUITE 2750

City
 JACKSONVILLE

FL

Zip Code
 32202

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

Jan D. McCormick, VP
 Signature, typed or printed name of registered agent and title if applicable

JAN D. MCCORMICK, VP.

DATE

4/14/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L01000022610
 NAME SHV MANAGEMENT ENTERPRISES, LLC
 STREET ADDRESS 2913 WESTSIDE BLVD.
 CITY-ST-ZIP JACKSONVILLE, FL 32209

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100101973551
 05/09/07 01045 023 **500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EDGAR B. VICKERS

4/26/07

904-264-6541

Date

Daytime Phone #

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

