

2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000608

FILED
Apr 25, 2005
Secretary of State

Entity Name: SHADOWFARM LIMITED PARTNERSHIP

Current Principal Place of Business:

109 WEST LINKS
WILLIAMSBURG, VA 23188

New Principal Place of Business:

Current Mailing Address:

109 WEST LINKS
WILLIAMSBURG, VA 23188

New Mailing Address:

FEI Number: 20-0836742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEACON, KAREN A
11820 60TH ST. N.
W. PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Capital Contributions as Shown on record: 0.00

Amount of Capital Contributions in Florida to date: 0.00

GENERAL PARTNER INFORMATION:

Document #:

Name: MCHENRY, DEE D

Address: 109 WEST LINKS

City-St-Zip: WILLIAMSBURG, VA 23188

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DEE D. MCHENRY

GP

04/25/2005

Electronic Signature of Signing General Partner

Date