

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000608

FILED  
Apr 29, 2006  
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

**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 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 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

04/29/2006

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date