

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000002070

1. Entity Name
 SHERMIL, LTD.



Principal Place of Business
 5858 CENTRAL AVENUE
 ST PETERSBURG, FL 33707

Mailing Address
 5858 CENTRAL AVENUE
 ST PETERSBURG, FL 33707

FILED
 05 APR 29 PM 5:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092005

Chg-LP

CR2E003 (10/03)

4. FEI Number

Applied For

Not Applicable

20-2078084

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHER, CRAIG H
 5858 CENTRAL AVENUE
 ST PETERSBURG, FL 33707

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.

DATE

9. Capital Contributions
 as Shown on record. **\$50,099.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SHER, CRAIG H
 5858 CENTRAL AVENUE
 ST PETERSBURG, FL 33707

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SHER, JAN M
 5858 CENTRAL AVENUE
 ST PETERSBURG, FL 33707

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify 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 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

4/11/05

727-384-6000

Date

Daytime Phone #

Craig Sher, PRESIDENT

STAPLE CHECK HERE