

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 3:37



DOCUMENT # A05000000476
 1. Entity Name
 S/SHINN ROAD PROPERTY, LTD.

Principal Place of Business
 300 S.E. 2ND STREET
 FORT LAUDERDALE, FL 33301

Mailing Address
 300 S.E. 2ND STREET
 FORT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01152008 Chg-LP CR2E003 (12/06)

4. FEI Number
 55-0892051 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 JONES, PATRICIA
 300 S.E. 2ND STREET
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
 Name Robert Esposito
 Street Address (P.O. Box Number is Not Acceptable)
 c/o Stiles Corporation
 300 SE 2nd Street
 City Fort Lauderdale FL Zip Code 33301

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 Robert Esposito DATE 11/3/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000022064	STREET ADDRESS	
NAME	S/SHINN ROAD PROPERTY, LLC	CITY-ST-ZIP	
STREET ADDRESS	300 S.E. 2ND STREET		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

400121513424
 03/28/08--01012--018 **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: Terry W. Stiles January 31, 2008 954-627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE