


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # A93000000849					
1. Entity Name THE SHELP FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 10310 SOUTH OCEAN DRIVE, #708 JENSEN BEACH, FL 34957			Mailing Address 10310 SOUTH OCEAN DRIVE, #708 JENSEN BEACH, FL 34957		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
Zip			Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHELP, ROBERT H 10310 SOUTH OCEAN DRIVE #708 JENSEN BEACH, FL 34957			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State Zip Code FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,750,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,750,000.00		4-6-04	
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 #	G93228000141		STREET ADDRESS		
NAME	THE ROBERT H SHELP INTERVIVOS DECLARATION		CITY - ST - ZIP		
STREET ADDRESS	10310 SOUTH OCEAN DRIVE #708			U00000114883 04/16/04-80002-002 526.25	
CITY - ST - ZIP	JENSEN BEACH, FL 34957				
DOCUMENT #	G93228000140		STREET ADDRESS		
NAME	THE MARTHA W SHELP INTERVIVOS DECLARATION		CITY - ST - ZIP		
STREET ADDRESS	10310 SOUTH OCEAN DRIVE #708				
CITY - ST - ZIP	JENSEN BEACH, FL 34957				
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STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: <i>Robert H Shelp</i> (ROBERT H SHELP)			Date: 4-6-04		Daytime Phone #: 772-229-5713
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

