


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000849

1. Entity Name
THE SHELP FAMILY LIMITED PARTNERSHIP




Principal Place of Business Mailing Address
10310 SOUTH OCEAN DRIVE, #708 **10310 SOUTH OCEAN DRIVE, #708**
JENSEN BEACH, FL 34957 **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



04042005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0429116** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHELP, ROBERT H
10310 SOUTH OCEAN DRIVE #708
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable)

9. Capital Contributions as Shown on record. **\$1,750,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,750,000.00** **4-6-05**

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

DOCUMENT #	G93228000141
NAME	THE ROBERT H SHELP INTERVIVOS DECLARATION
STREET ADDRESS	10310 SOUTH OCEAN DRIVE #708
CITY - ST - ZIP	JENSEN BEACH, FL 34957
DOCUMENT #	G93228000140
NAME	THE MARTHA W SHELP INTERVIVOS DECLARATION
STREET ADDRESS	10310 SOUTH OCEAN DRIVE #708
CITY - ST - ZIP	JENSEN BEACH, FL 34957
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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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)(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: *Robert H. Shelp* **ROBERT H. SHELP** **4-6-05** **312-239-5713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE