


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # A93000000849

1. Entity Name
THE SHELPH 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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0429116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

U00000696487
 04/13/07 00102-004 500.00

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G93228000141 THE ROBERT H SHELPH INTERVIVOS DECLARATION 10310 SOUTH OCEAN DRIVE #708 JENSEN BEACH, FL 34957
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G06087700014 MARTHA SHELPH FAMILY TRUST 10310 SOUTH OCEAN DRIVE #708 JENSEN BEACH, FL 34957
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STAPLE CHECK HERE

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: Robert H. Shelp Robert H. Shelp 4-2-07 772-229-5713

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