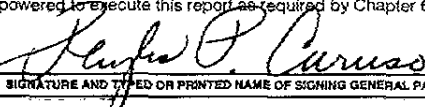


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A95000001965 1. Entity Name SHINGLE CREEK LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 568367 ORLANDO, FL 32856			Mailing Address P.O. BOX 568367 ORLANDO, FL 32856		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 01062004 Chg-LP CR2E003 (10/03) 4. FEI Number 59-3345850 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARUSO, PHYLIS P 102 W. PINELOCH AVE, SUITE 10 ORLANDO, FL 32806				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. \$2,490,880.98		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	CARUSO, PHYLIS P 2628 LAKE FOREST DR. DELAND, FL 32720		STREET ADDRESS CITY-ST-ZIP	U000000114359 04/16/04-80005-003 526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARUSO, PHILIP P JR 102 W. PINELOCH AVE., STE 10 ORLANDO, FL 32806		STREET ADDRESS 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			3/15/04 407 859 3550 Date Daytime Phone #		

STAPLE CHECK HERE