2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001807

1. Entity Name
SHULER LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
34 FOURTH STREET APALACHICOLA, FL 32320	P.O. BOX 850 APALACHICOLA, FL 32329

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01102004 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-3463316 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHULER, J. GORDON
34 FOURTH STREET
APALACHICOLA, FL 32320

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 ______ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $5,531,064.00

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 #		STREET ADDRESS	
NAME	SHULER, J. GORDON		
STREET ADDRESS	34 FOURTH STREET	CITY-ST-ZIP	
CITY-ST-ZIP	APALACHICOLA, FL 32320		U00000092833
DOCUMENT #		STREET ADDRESS	03/10/04-80012-020 526.25
NAME	SHULER, THOMAS M		
STREET ADDRESS	34 FOURTH STREET	CITY-ST-ZIP	
CITY-ST-ZIP	APALACHICOLA, FL 32320		
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STAPLE CHECK HERE

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

J. Gordon Shuler

SIGNATURE: J. Gordon Shuler, General Partner 2/20/04 (850)653-9226

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