


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

FILED

04 JUL -1 AM 9:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*WJH*

<b>DOCUMENT # A98000000473</b>			
1. Entity Name THE SHACKELFORD FAMILY LIMITED PARTNERSHIP			
Principal Place of Business P.O. BOX 1420 WAUCHULA, FL 33873		Mailing Address P.O. BOX 1420 WAUCHULA, FL 33873	
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	
SHACKELFORD, CHARLES L 1070 WEST LOUISIANA STREET WAUCHULA, FL 33873		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$700,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000016717	STREET ADDRESS	
NAME	SHACKELFORD ASSOCIATES, INC.	CITY-ST-ZIP	300038740023 07/06/04--01031--006 **150.00
STREET ADDRESS	P.O. BOX 1420	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	300038740023 07/06/04--01031--007 **376.25
DOCUMENT #		STREET ADDRESS	
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4. FEI Number **65-0815263** Applied For  Not Applicable

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

PLEASE CHECK HERE

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:** *Charles L. Shackelford* **4-16-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #