

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000473

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** THE SHACKELFORD FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

P.O. BOX 1420  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1420  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 65-0815263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHACKELFORD, CHARLES L  
1070 WEST LOUISIANA STREET  
WAUCHULA, FL 33873 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 700,000.00

**Amount of Capital Contributions in Florida to date:** 700,000.00

**GENERAL PARTNER INFORMATION:**

Document #: P98000016717  
Name: SHACKELFORD ASSOCIATES, INC.  
Address: P.O. BOX 1420  
City-St-Zip: WAUCHULA, FL 33873

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

PART

04/29/2005

Electronic Signature of Signing General Partner

\_\_\_\_\_ Date