


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
May 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # A98000000473

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**



04282006 No Chg-LP CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0815263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 the fee applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 #	P98000016717
NAME	SHACKELFORD ASSOCIATES, INC.
STREET ADDRESS	P.O. BOX 1420
CITY-ST-ZIP	WAUCHULA, FL 33873
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

000000560889
05/18/06-80061-013 500.00

**DO NOT WRITE
IN THIS SPACE**

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: Charles L Shackelford *Charles L Shackelford* *5/1/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER