

2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

DOCUMENT # **A98000002429**

1. Entity Name
SHIELDS FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR -2 PM 5:34

Principal Place of Business Mailing Address
3294 SPRUCE CREEK GLEN **3294 SPRUCE CREEK GLEN**
DAYTONA BEACH FL 32124 **DAYTONA BEACH FL 32124-6867**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-3551668** APPLIED FOR
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SHIELDS, DANNIE J SR.
3294 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$800,000.00** 10. Amount of Capital Contributions in FLORIDA to date. ~~_____~~ 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	BK
NAME	SHIELDS, TOMMY D	CITY - ST - ZIP	
STREET ADDRESS	1555 BELLA VISTA DRIVE	STREET ADDRESS	500003173455---6 -03/17/00--01012--010 ****141.25 ****141.25
CITY - ST - ZIP	ENCINITAS CA 92024	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SHIELDS, CHARLIE	CITY - ST - ZIP	
STREET ADDRESS	749 BOSTON AVENUE	STREET ADDRESS	
CITY - ST - ZIP	SOUTH DAYTONA FL 32119	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SHIELDS, WALLACE H	CITY - ST - ZIP	
STREET ADDRESS	710 SHIELDS ROAD	STREET ADDRESS	
CITY - ST - ZIP	DALTON GA 30720	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SKRABAK, PATRICIA D	CITY - ST - ZIP	
STREET ADDRESS	532 HERMES AVENUE	STREET ADDRESS	
CITY - ST - ZIP	ENCINITAS CA 92024	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SHIELDS, DANNIE J SR.	CITY - ST - ZIP	
STREET ADDRESS	3294 SPRUCE CREEK GLEN	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32124	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: DANNIE J. SHIELDS SR. **DANNIE J. SHIELDS SR.** 2/1/00 (904) 962-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #