## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 DOCUMENT # A98000002429 1. Entity Name SHIELDS FAMILY R.L.L.P.

**FILED** Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business 3294 SPRUCE CREEK GLEN

DAYTONA BEACH, FL 32124

Mailing Address

3294 SPRUCE CREEK GLEN DAYTONA BEACH, FL 32124



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

| 02142008 No Chg-LP | CR2E003 (11/05) |  |
|--------------------|-----------------|--|
| 4. FEI Number      | Applied For     |  |
| 59-3551668         | Not Applicab    |  |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SHIELDS, DANNIE J SR.

STAPLE CHECK HERE

## DO NOT WRITE

| 3294 SPRUCE CREEK GLEN        |  | 00 1101 11111E   |  |
|-------------------------------|--|--|--|
| DAYTONA                       | A BEACH, FL 32124  | IN THIS SPACE  |  |
|                               |  |  |  |
| the obliga                    | a named entity submits this statement for the purpose of changing its re-<br>tions of registered agent.  | gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |  |
| SIGNATURE                     | Signature. Upped on primiter name of registered agent and Pite II applicable   | DATE   |  |
|                               | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2006, Fee will be \$900.0  | 00 00000440011<br>000000440011   |  |
|                               | A GENERAL PARTNER THAT IS A BUSINESS ENTI-<br>NOTE: General Partners MAY NOT be changed on the   | TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.   |  |
| 12.                           | GENERAL PARTNER INFORMATION  |  |  |
| DOCUMENT #                    | }  |  |  |
| NAME                          | SHIELDS, TOMMY D   |  |  |
| STREET ADDRESS                | 1000 DECENTION DINE  |  |  |
| CITY-ST-ZIP                   | ENCINITAS, CA 92024  |  |  |
| DOCUMENT #                    | { <sub></sub>  |  |  |
| NAME                          | SHIELDS, CHARLIE   |  |  |
| STREET ADDRESS<br>CITY+ST-ZIP | 1 . 10 000 10 11 W ENGE  |  |  |
|                               | SOUTH DAYTONA, FL 32119  |  |  |
| DOCUMENT F                    |  |  |  |
| NAME<br>STREET ADDRESS        | SHIELDS, MARY KATHRYN  | DO NOT WINTE   |  |
| City-St-ZIP                   | 10108 SUMMIT PARK PLACE #203<br>LOUISVILLE, KY 40241   | DO NOT WRITE   |  |
|                               | LOUISVILLE, NY 40241   | IN THIS SPACE  |  |
| DOCUMENT #                    | SUDADAY BATTICIA D   | ווי וחוס סראכב   |  |
| STREET ADDRESS                | SKRABAK, PATRICIA D<br>532 HERMES AVENUE   |  |  |
| CITY-ST-ZIP                   | ENCINITAS, CA 92024  |  |  |
| DOCUMENT #                    | LIVORATAO, OA 52024  |  |  |
| NAME                          | SHIELDS, DANNIE J SR.  |  |  |
| STREET ADDRESS                | · ·  |  |  |
| CHY-ST-ZIP                    | DAYTONA BEACH, FL 32124  |  |  |
| DOCUMENT #                    | The state of the s |  |  |
| NAME                          | SHIELDS, SHELLY M  |  |  |
| STREET ADDRESS                |  |  |  |
| CITY-ST-ZIP                   | PALM COAST, FL 32164   | province to the control of the section of the section of the control of the section of the secti |  |
| 44 ( ) > 0 > 0                | coefficient that the information with the test of the  |  |  |

I hereby certify that the information supplied with this filling 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: Kanne of

-Feb. 14, 2006