


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:47

DOCUMENT # A98000002429

1. Entity Name
 SHIELDS FAMILY R.L.L.P.




Principal Place of Business Mailing Address
 3294 SPRUCE CREEK GLEN 3294 SPRUCE CREEK GLEN
 DAYTONA BEACH, FL 32128 US DAYTONA BEACH, FL 32128 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03232008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 59-3551668 Not Applicable

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

6. Name and Address of Current Registered Agent

SHIELDS, DANNIE J SR.
 3294 SPRUCE CREEK GLEN
 DAYTONA BEACH, FL 32128

7. Name and Address of New Registered Agent

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. 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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SHIELDS, TOMMY D	STREET ADDRESS	103 ENGLEWOOD DR.
NAME	535 SMITH GROVE RD.	CITY-ST-ZIP	INMAN, SC 29349-9664
STREET ADDRESS	FOREST CITY, NC 28043		
CITY-ST-ZIP			
DOCUMENT #	SHIELDS, MARY KATHRYN	STREET ADDRESS	
NAME	758 YORKWOOD PL.	CITY-ST-ZIP	
STREET ADDRESS	LOUISVILLE, KY 40243		
CITY-ST-ZIP			
DOCUMENT #	SHIELDS, DANNIE J SR.	STREET ADDRESS	100121350661
NAME	3294 SPRUCE CREEK GLEN	CITY-ST-ZIP	03/26/08--01033--015 **500.00
STREET ADDRESS	DAYTONA BEACH, FL 32124		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Dannie J. Shields Sr* GP 3-23-2008 386-761-5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #