


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006976 AT

DOCUMENT # A98000002429

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



FILED
03 JAN 30 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3294 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124**

Mailing Address
**3294 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

4. FEI Number **59-3551668**

Applied For
 Not Applicable

Zip Country Zip Country

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 32124

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 obligation of the registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

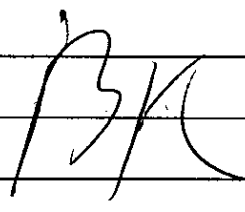
9. Capital Contributions as Shown on record. **\$800,000.00**

10. Amount of Capital Contributions in FLORIDA to date. 

11. **MAKE CHECK PAYABLE TO FL. 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 | |
|---------------------------------|------------------------|
| DOCUMENT # | NAME |
| NAME | SHIELDS, TOMMY D |
| STREET ADDRESS | 1555 BELLA VISTA DRIVE |
| CITY-ST-ZIP | ENCINITAS CA 92024 |
| DOCUMENT # | NAME |
| NAME | SHIELDS, CHARLIE |
| STREET ADDRESS | 749 BOSTON AVENUE |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 |
| DOCUMENT # | NAME |
| NAME | SHIELDS, WALLACE H |
| STREET ADDRESS | 710 SHIELDS ROAD |
| CITY-ST-ZIP | DALTON GA 30720 |
| DOCUMENT # | NAME |
| NAME | SKRABAK, PATRICIA D |
| STREET ADDRESS | 532 HERMES AVENUE |
| CITY-ST-ZIP | ENCINITAS CA 92024 |
| DOCUMENT # | NAME |
| NAME | SHIELDS, DANNIE J SR. |
| STREET ADDRESS | 3294 SPRUCE CREEK GLEN |
| CITY-ST-ZIP | DAYTONA BEACH FL 32124 |
| DOCUMENT # | NAME |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | 700011198287 01/30/03--01012--009 **141.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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.**  **1/5/03** **386-767-5559**

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

CR2E003 (10/02)