


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Jan 19, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A99000000798</b> 1. Entity Name SHAPCO ENTERPRISES, LTD.	
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Principal Place of Business 10205 COLLINS AVE., PH9 BAL HARBOUR, FL 33154-1405	Mailing Address 10205 COLLINS AVE., PH9 BAL HARBOUR, FL 33154-1405
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0910415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

HELLER, DAN P  
701 BRICKELL AVENUE, SUITE 1900  
MIAMI, FL 33131

**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 title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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 #	SHAPIRO, STANELY TRUSTEE
NAME	10205 COLLINS AVE., PH9
STREET ADDRESS	BAL HARBOUR, FL 331541405
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

000000593698  
01/22/07-80040-022 500.00

**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 authorized to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **STANLEY SHAPIRO, TRUSTEE** 

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