

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 31 PM 12:34

**1. Name of Limited Partnership**

**1a. DOCUMENT #**  
A97000002847

Shaddix Communities, Ltd.

**Mailing Address**

1275 Beville Road  
Suite 1200  
Daytona Beach, FL  
32119

**Principal Office Address**

1275 Beville Road  
Suite 1200  
Daytona Beach, FL  
32119

**2. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**2a. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Date Formed or Registered**

12/24/97

**3a. Date of Last Report**

N/A

**4. State or Country of Formation**

Florida

**6. FEI Number**

☒ Applied for  
☐ Not Applicable

**7. Certificate of Status Desired**

☒ \$8.75 Additional Fee Required

**8. Make check payable to: Dept. of State (See reverse side for fee information)**

**5a. Capital Contributions As Shown on record**

\$10,000,000.00

**5b. Amount of Capital Contributions in FLORIDA to date:**

\$662,198.00

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

Sharlene Shaddix Fox  
686 Ferncliff Drive  
Port Orange, FL 32127

**10. If changed, new Registered Agent/Office**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

300002391453-1  
-01/06/98-01082-014  
\*\*\*\*541 FL \*\*\*\*541.25

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**11. Name(s) of General Partner(s)**

William Stanley Shaddix

**11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)**

1275 Beville Road  
Suite 1200

**11b. City, State & Zip Code**

Daytona Beach, FL  
32119

**11c. Registration/Document Number**

N/A

Sharlene Shaddix Fox

1275 Beville Road  
Suite 1200

Daytona Beach, FL  
32119

N/A

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*William Stanley Shaddix*

DATE 12-30-97

Typed or Printed Name of General Partner Signing Form

William Stanley Shaddix

Daytime Telephone Number

904-767-8521

CR2E003 (6/97)