FILED
05 APR 29 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A98000001983

1. Entity Name
CRAIG H. AND JAN MILLER SHER FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
9055 BAYWOOD PARK DRIVE SEMINOLE, FL 33777-4630	9055 BAYWOOD PARK DRIVE SEMINOLE, FL 33777-4630

BK

04182005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
5858 CENTRAL AVENUE	PO BOX 41847
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33707 Country: USA	Zip: 33743-1847 Country: USA

4. FEI Number 59-3531480 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHER, CRAIG H 9055 BAYWOOD PARK DRIVE SEMINOLE, FL 33777	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $1,500.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #		STREET ADDRESS	
NAME	SHER, CRAIG H		
STREET ADDRESS	9055 BAYWOOD PARK DRIVE	CITY-ST-ZIP	300054757583 05/19/05--01009--007 **150.00
CITY-ST-ZIP	SEMINOLE, FL 33777		
DOCUMENT #		STREET ADDRESS	
NAME	SHER, JAN M		
STREET ADDRESS	9055 BAYWOOD PARK DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	SEMINOLE, FL 33777		
DOCUMENT #		STREET ADDRESS	
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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: [signature] 4/19/05 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CRAIG H. SHER, G.P.