


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A98000001983</b> 1. Entity Name <b>CRAIG H. AND JAN MILLER SHER FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>5858 CENTRAL AVENUE          ST. PETERSBURG, FL 33707</b>	Mailing Address <b>P.O. BOX 41847          ST. PETERSBURG, FL 33743-1847</b>
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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

FILED  
 08 APR 30 AM 8:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



02272008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3531480</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  <b>SHER, CRAIG H          9055 BAYWOOD PARK DRIVE          SEMINOLE, FL 33777</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b></span> Zip Code
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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 #		STREET ADDRESS	
NAME	SHER, CRAIG H	CITY-ST-ZIP	
STREET ADDRESS	9055 BAYWOOD PARK DRIVE		
CITY-ST-ZIP	SEMINOLE, FL 33777		
DOCUMENT #		STREET ADDRESS	
NAME	SHER, JAN M	CITY-ST-ZIP	
STREET ADDRESS	9055 BAYWOOD PARK DRIVE		
CITY-ST-ZIP	SEMINOLE, FL 33777		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**400127455724**  
 04/30/08--01052--021 \*\*508.75

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: CRAIG SHER 4/22/08 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #