

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000022

**Entity Name:** SHV LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

2913 WESTSIDE BLVD.  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

2913 WESTSIDE BLVD.  
JACKSONVILLE, FL 32209

**FEI Number:** 02-0543623

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRANT,ABRAHAM,REITER,MCCORMICK & GREENE,PA  
50 N. LAURA ST., SUITE 2750  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # L01000022610  
Name SHV MANAGEMENT ENTERPRISES,  
LLC  
Address 2913 WESTSIDE BLVD.  
City-State-Zip: JACKSONVILLE FL 32209

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SAMUEL H. VICKERS**

**CEO**

**03/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date