

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002847

**Entity Name:** SHADDIX COMMUNITIES, LTD.

**Current Principal Place of Business:**

4000 SOUTH CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129

**Current Mailing Address:**

4000 SOUTH CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129 US

**FEI Number:** 59-1524120

**Certificate of Status Desired:** No

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

FOX, SHARLENE S  
4000 S. CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129 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 :**

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Name SHADDIX COMMUNITIES GENERAL  
TWO, LLC

Name FOX, SHARLENE S

Address 4000 SOUTH CLYDE MORRIS BLVD

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City-State-Zip: PORT ORANGE FL 32129

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*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:** SHARLENE S. FOX

**GENERAL PARTNER**

**02/24/2014**

Electronic Signature of Signing General Partner Detail

Date