

2017 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 :

| | | | |
|-----------------|--------------------------------------|-----------------|------------------------------|
| Document # | | Document # | |
| Name | SHADDIX COMMUNITIES GENERAL TWO, LLC | Name | FOX, SHARLENE S |
| Address | 4000 SOUTH CLYDE MORRIS BLVD | Address | 4000 SOUTH CLYDE MORRIS BLVD |
| City-State-Zip: | PORT ORANGE FL 32129 | City-State-Zip: | PORT ORANGE FL 32129 |

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

02/10/2017

Electronic Signature of Signing General Partner Detail

Date