

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000473

**Entity Name:** THE SHACKELFORD FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1070 WEST LOUISIANA STREET  
WAUCHULA, FL 33873

**Current Mailing Address:**

P.O. BOX 1420  
WAUCHULA, FL 33873 US

**FEI Number:** 65-0815263

**Certificate of Status Desired:** No

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

SHACKELFORD, CHARLES L  
1070 WEST LOUISIANA STREET  
WAUCHULA, FL 33873 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 # P98000016717

Name SHACKELFORD ASSOCIATES, INC.

Address P.O. BOX 1420

City-State-Zip: WAUCHULA FL 33873

*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:** CHARLES SHACKELFORD

**PRESIDENT**

**03/20/2015**

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

\_\_\_\_\_  
Date