

2016 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

MANAGER

04/21/2016

_____ Electronic Signature of Signing General Partner Detail

_____ Date