

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000002429

**FILED**  
**Jan 28, 2024**  
**Secretary of State**  
**9013118462CC**

**Entity Name:** SHIELDS FAMILY R.L.L.P.

**Current Principal Place of Business:**

3294 SPRUCE CREEK GLEN  
PORT ORANGE, FL 32128

**Current Mailing Address:**

3294 SPRUCE CREEK GLEN  
PORT ORANGE, FL 32128 US

**FEI Number:** 59-3551668

**Certificate of Status Desired:** No

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

SHIELDS, DANNIE J. SR.  
3294 SPRUCE CREEK GLEN  
PORT ORANGE, FL 32128 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:** DANNIE J. SHIELDS, SR.

01/28/2024

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #  
Name SHIELDS, MARY KATHRYN  
Address 15200 BECKLEY CROSSING DR.  
City-State-Zip: LOUISVILLE KY 40245

Document #  
Name SHIELDS, DANNIE JSR.  
Address 3294 SPRUCE CREEK GLEN  
City-State-Zip: PORT ORANGE FL 32128

Document #  
Name SHIELDS, CAROL R  
Address 3294 SPRUCE CREEK GLEN  
City-State-Zip: PORT ORANGE FL 32128

*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:** DANNIE J. SHIELDS SR.

GP/MP

01/28/2024

Electronic Signature of Signing General Partner Detail

Date