


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A00000000080

1. Entity Name
SAM AND LOIS SHOVLAIN FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**4796 LANCASHURE LANE
TALLAHASSEE, FL 32308**

Mailing Address
**1400 VILLAGE SQ. BLVD.
#3-223
TALLAHASSEE, FL 32312**



2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip

04272005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3614627

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOLKA, STACEY
8108 BLENHEIM LANE
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$932,836.41**

10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SHOVLAIN, HUGH E JR.	4796 LANCASHURE LANE	TALLAHASSEE, FL 32308
	SHOVLAIN, LOIS E	4796 LANCASHURE LANE	TALLAHASSEE, FL 32308

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

000000367059
05/16/05-80019-022 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE Lois E. Shovlain Date 4-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lois E. Shovlain

STAPLE CHECK HERE