

**2007 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2007****FILED****Apr 16, 2007 08:00 A**  
**Secretary of State****DOCUMENT # A00000000138**1. Entity Name  
SHOPPES OF EAGLE HARBOR, LTD.

Principal Place of Business

1560 BUSINESS CENTER DR  
ORANGE PARK, FL 32003

Mailing Address

1590 ISLAND LANE, SUITE #28  
ORANGE PARK, FL 32003

03162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
59-3637208Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent**O'CONNOR, JOHN W  
1590 ISLAND LANE, SUITE #28  
ORANGE PARK, FL 32003**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00****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 # F47768  
NAME O'CONNOR DEVELOPMENT CORPORATION  
STREET ADDRESS 1590 ISLAND LANE, SUITE E28  
CITY-ST-ZIP ORANGE PARK, FL 32003DOCUMENT #  
NAME  
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CITY-ST-ZIPU000000709389  
04/25/07-80001-004 500.00**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE