

2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008****FILED**
Apr 11, 2008 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 32003Mailing Address
1590 ISLAND LANE, SUITE #28
ORANGE PARK, FL 32003

03072008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3637208Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**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, 2008, 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 32003

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *J.W. O'Connor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/08

Date

904/215-7575

Daytime Phone #

STAPLE CHECK HERE