

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 32003**

Mailing Address
**1590 ISLAND LANE, SUITE #28
 ORANGE PARK, FL 32003**

DO NOT WRITE IN THIS SPACE



03072008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3637208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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.

04/23/08-80039-007 500.00

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

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CITY-ST-ZIP	

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 John W. O'Connor President 4/9/08 904/215-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE