

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001030

1. Entity Name
PDB SHERMAN PROPERTIES, LTD.



Principal Place of Business
800 NORTH MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803

Mailing Address
800 NORTH MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3654455

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803

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

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

DATE

9. Capital Contributions as Shown on record. **\$6,716,206.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L00000007512**
 NAME **PDB SHERMAN, LLC**
 STREET ADDRESS **800 NORTH MAGNOLIA AVE., SUITE 1500**
 CITY-ST-ZIP **ORLANDO, FL 32803**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

PDB SHERMAN, LLC, GENERAL PARTNER
BARBARA SHERMAN SIMPSON, MANAGER

910-692-3875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/20/05** Daytime Phone #

910-692-3875

STAPLE CHECK HERE