


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 14 AM 10: 02

DOCUMENT # A01000000146		
1. Entity Name S & E SHUMAN FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 6911 SOUTHPORT DRIVE BOYNTON BEACH, FL 33437	Mailing Address 6911 SOUTHPORT DRIVE BOYNTON BEACH, FL 33437
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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07052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1102517		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHUMAN, SIDNEY E 6911 SOUTHPORT DRIVE BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	SHUMAN, SIDNEY E TRUSTEE 6911 SOUTHPORT DRIVE BOYNTON BEACH, FL 33437	STREET ADDRESS	
		CITY-ST-ZIP	600057769216
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SHUMAN, ELAINE B TRUSTEE 6911 SOUTHPORT DRIVE BOYNTON BEACH, FL 33437	STREET ADDRESS	07/22/05--01003--022 **526.25
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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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: 	7/11/05	508 543 5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #

02
511 752 0002

STATE CHECK HERE