

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**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



01232006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

65-1102517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SHUMAN, SIDNEY E  
6911 SOUTHPORT DRIVE  
BOYNTON BEACH, FL 33437

**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, 2006, 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 #

NAME

SHUMAN, SIDNEY E TRUSTEE

STREET ADDRESS

6911 SOUTHPORT DRIVE

CITY - ST - ZIP

BOYNTON BEACH, FL 33437

DOCUMENT #

NAME

SHUMAN, ELAINE B TRUSTEE

STREET ADDRESS

6911 SOUTHPORT DRIVE

CITY - ST - ZIP

BOYNTON BEACH, FL 33437

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CITY - ST - ZIP

U00000558120  
05/17/06-80081-018 500.00

**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:**

*Sidney E. Shuman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/21/06

Daytime Phone #

561 752 0002

STAPLE CHECK HERE