

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000001366

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE MAURICE AND BONNIE H. SHAMS FAMILY LIMITED PARTNERSHIP, NUMBER 1

Current Principal Place of Business:

1509 DRUID ISLE ROAD
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 472
ORLANDO, FL 32802

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHAMS, MAURICE
MORAN & SHAMS, P.A.
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

GENERAL PARTNER INFORMATION:

Document #:
Name: SHAMS, MAURICE
Address: 1509 DRUID ISLE ROAD
City-St-Zip: MAITLAND, FL 32751
Document #:
Name: SHAMS, BONNIE H
Address: 1509 DRUID ISLE ROAD
City-St-Zip: MAITLAND, FL 32751

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURICE SHAMS

Electronic Signature of Signing General Partner

GP

04/17/2007

Date