


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A01484 1. Entity Name MID-FLORIDA FREEZER WAREHOUSES, LTD.					
Principal Place of Business 9025 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920			Mailing Address P.O. BOX 572 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1355535	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEE, RHONDA A 400 HARBOR DRIVE CAPE CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,257,595.06			10. Amount of Capital Contributions in FLORIDA to date. \$526.25		
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 #	P96000000417			STREET ADDRESS	
NAME	SHELBY CORPORATION OF CENTRAL FLORIDA, INC			CITY-ST-ZIP	
STREET ADDRESS	400 HARBOR DRIVE				
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920				
DOCUMENT #	P96000000132			STREET ADDRESS	
NAME	WILCOX CORPORATION II			CITY-ST-ZIP	
STREET ADDRESS	801 N. MAGNOLIA AVENUE, SUITE 300-B				
CITY-ST-ZIP	ORLANDO, FL 32803				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
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: <i>Rhonda A Lee</i>				Date: 3/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #: 321-783-9623	

STAPLE CHECK HERE



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