

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 JUN -2 AM 9:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



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.		04282006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 59-1355535	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 LEE, PATRICK T Street Address (P.O. Box Number is Not Acceptable) 400 HARBOR DR City CAPE CANAVERAL FL Zip Code 32920	
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 <u></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000000417	STREET ADDRESS	06/06/06--01060--022 **50.00		
NAME	SHELBY CORPORATION OF CENTRAL FLORIDA, INC	CITY-ST-ZIP	200075895242		
STREET ADDRESS	400 HARBOR DRIVE		200075895242 -		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		06/06/06--01060--021 **458.75		
DOCUMENT #	P96000000132	STREET ADDRESS			
NAME	WILLOCOX CORPORATION II	CITY-ST-ZIP			
STREET ADDRESS	801 N. MAGNOLIA AVENUE, SUITE 300-B				
CITY-ST-ZIP	ORLANDO, FL 32803				
DOCUMENT #		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 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: <u></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE