

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01484

**FILED**  
**Feb 27, 2007**  
**Secretary of State**

**Entity Name:** MID-FLORIDA FREEZER WAREHOUSES, LTD.

**Current Principal Place of Business:**

9025 N. ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 572  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 59-1355535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEE, PATRICK T  
400 HARBOR DRIVE  
CAPE CANAVERAL, FL 32920 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 #: P96000000417  
Name: SHELBY CORPORATION OF CENTRAL FLORIDA, INC  
Address: 400 HARBOR DRIVE  
City-St-Zip: CAPE CANAVERAL, FL 32920  
Document #: P96000000132  
Name: WILLOCOX CORPORATION II  
Address: 801 N. MAGNOLIA AVENUE, SUITE 300-B  
City-St-Zip: ORLANDO, FL 32803

**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: PATRICK T LEE

PTR

02/27/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date