

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 23 AM 11:03

DOCUMENT # A01484

1. Entity Name
MID-FLORIDA FREEZER WAREHOUSES, LTD.



Principal Place of Business
9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920
2560 West Hwy 441
Apopka, FL 32712

Mailing Address
P.O. BOX 572
CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE

02042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-1355535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, PATRICK T
400 HARBOR DRIVE
CAPE CANAVERAL, FL 32920

**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, 2008, 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 # P96000000417
NAME SHELBY CORPORATION OF CENTRAL FLORIDA, INC
STREET ADDRESS 400 HARBOR DRIVE
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

DOCUMENT # P96000000132
NAME WILLOCOX CORPORATION II
STREET ADDRESS 801 N. MAGNOLIA AVENUE, SUITE 300-B
CITY-ST-ZIP ORLANDO, FL 32803

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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700125277957
04/23/08--01017--005 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE