


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001020	
1. Entity Name SHELMAR OF OVIEDO, LLLP	

Principal Place of Business 6365 LAKE CHARM CIRCLE OVIEDO FL 32765	Mailing Address 6365 LAKE CHARM CIRCLE OVIEDO FL 32765
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 11-3661007		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
BRUCE, MIRIAM W 6365 LAKE CHARM CIRCLE OVIEDO FL 32765

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____

9. Capital Contributions as Shown on record. \$176,000.00	10. Amount of Capital Contributions in FLORIDA to date. 176,000
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	NAME	STREET ADDRESS	
NAME	BRUCE, E. P.	CITY - ST - ZIP	
STREET ADDRESS	6365 LAKE CHARM CIRCLE		
CITY - ST - ZIP	OVIEDO FL 32765		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BRUCE, MIRIAM W	CITY - ST - ZIP	
STREET ADDRESS	6365 LAKE CHARM CIRCLE		
CITY - ST - ZIP	OVIEDO FL 32765		
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CITY - ST - ZIP			

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02/09/05-80062-008 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: E. P. BRUCE **2/5/05 407-366-0781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #