


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # A02000001020</b>					
1. Entity Name <b>SHELMAR OF OVIEDO, LLLP</b>					
Principal Place of Business <b>6365 LAKE CHARM CIRCLE OVIEDO FL 32765</b>			Mailing Address <b>6365 LAKE CHARM CIRCLE OVIEDO FL 32765</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>11-3661007</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent  <b>BRUCE, MIRIAM W 6365 LAKE CHARM CIRCLE OVIEDO FL 32765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

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

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01/27/06-80015-000 500.00

STAPLE CHECK HERE

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:** *E.P. Bruce* **E. P. BRUCE** 1/21/06 407-366-0781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #