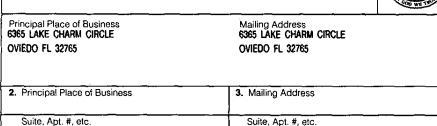
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR DOCUMENT # A0200001020

Entity Name
 SHELMAR OF OVIEDO, LLLP





City & State

Zip





11-3661007

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

Country

	7.	Name and	Address	of New	Registered	Agent
Name						
						

5. Certificate of Status Desired

Street Address (P.O. Box Number is Not Acceptable)

ĒΜ

City	

Zip Code

Not Applicable

\$8.75 Additional

Fee Required

В.	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.	

Country

SIGNATURE

City & State

Zip

9. Capital Contributions

as Shown on record.

Signature, typed or printed name of registered agent and title if applicable.

10. An architecture of the state of the sta

 Amount of Capital Contributions in FLORIDA to date.

Magnodo

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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		n amendment must be filed to change a general partner.
DOCUMENT # NAME BRUCE, E. P.	INFORMATION 13.	ADDRESS CHANGES ONLY
STREET ADDRESS CITY-ST-ZIP 6365 LAKE CHARM CIRCLE OVIEDO FL 32765	CITY-ST-	
DOCUMENT # BRUCE, MIRIAM W	STREET A	03/13/0301059022 **437.50
STREET ADDRESS 6365 LAKE CHARM CIRCLE OVIEDO FL 32765	CITY-ST-	ZIP
DOCUMENT # NAME	STREET A	DORESS
STREET ADDRESS CITY-ST-ZIP	CITY-ST-	ZIP
DOCUMENT #	STREET AI	ODRESS 800014067948
STREET ADDRESS CITY-ST-ZIP	CITY-ST-	
DOCUMENT # NAME	STREET AL	DORESS N N
STREET ADDRESS CITY-ST-ZIP	CITY-ST-	79/0
DOCUMENT / NAME	STREET A	IDRESS
STREET ADDRESS CITY_ST-2IP	CITY-ST-	ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustice-empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:



3/11/03

407-366-0781

Daytime Phone #