


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

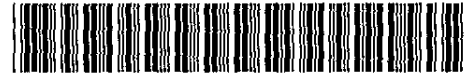
DOCUMENT # A02000001246 1. Entity Name SHAW FAMILY, LTD., LLLP	
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Principal Place of Business 2911 S. HIGHWAY 77 LYNN HAVEN FL 32444	Mailing Address 2911 S. HIGHWAY 77 LYNN HAVEN FL 32444
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address -Suite, Apt #, etc.
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City & State	City & State	4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent SCOTT, MICHAEL 2583 HUNT CLIFF LANE PANAMA CITY FL 32405
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$185,000.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	
NAME	SHAW, WILLIAM E JR
STREET ADDRESS	2911 S. HIGHWAY 77
CITY-ST-ZIP	LYNN HAVEN FL 32444
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/05-80065-014 526.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: William E. Shaw, Jr. DATE: 4/29/05 DAYTIME PHONE: 850 763 430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE IF