
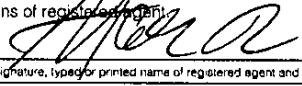



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 24 AM 9:02

DOCUMENT # A03000000904			
1. Entity Name DUBOW/SHAD ROAD LIMITED PARTNERSHIP			
Principal Place of Business 4801 EXECUTIVE PARK COURT, BLDG. 100 JACKSONVILLE, FL 32216		Mailing Address 4801 EXECUTIVE PARK COURT, BLDG. 100 JACKSONVILLE, FL 32216	
2. Principal Place of Business 9431 Florida Mining Blvd. E		3. Mailing Address 7016 Gaines Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32257		Zip 32217	
Country USA		Country USA	
4. FEI Number 20-0081075		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUBOW, MICHAEL I 4801 EXECUTIVE PARK COURT, BLDG. 100 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Michael I. DuBow Street Address (P.O. Box Number is Not Acceptable) 7016 Gaines Court City Jacksonville FL Zip Code 32217	
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  Michael I. DuBow		DATE 3-24-05	
9. Capital Contributions as Shown on record. \$1,750,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	P03000059530	STREET ADDRESS	
NAME	DUBOW ENTERPRISES, INC.	CITY-ST-ZIP	000055834480 06/07/05--01006--001 **300.00
STREET ADDRESS	4801 EXECUTIVE PARK COURT, BLDG. 100	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE:  Michael I. DuBow		DATE 3-24-05 DAYTIME PHONE # 904-470-6014	

STAPLE CHECK HERE