

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

<b>DOCUMENT # A0400000818</b>	
1. Entity Name <b>SHOALBAY PROPERTIES, LTD.</b>	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 24 AM 10:34

Principal Place of Business <b>1344 E. OAKRUN AVON PARK FL 33825</b>	Mailing Address <b>1344 E. OAKRUN AVON PARK FL 33825</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1ST MOORE CR2E003 (10/04)

City & State	City & State
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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VANTERPOOL, CLYDE 1344 E. OAKRUN AVON PARK FL 33825</b>	
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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 <i>[Signature]</i>	DATE <b>01/27/05</b>

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

9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>
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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	<b>VANTERPOOL, CLYDE</b>
STREET ADDRESS	<b>1344 E. OAKRUN</b>
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>
DOCUMENT #	
NAME	<b>VANTERPOOL, G. MARIE</b>
STREET ADDRESS	<b>1344 E. OAKRUN</b>
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>
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	<b>20004 7875352</b>
CITY-ST-ZIP	<b>03/08/05--01012--004 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**01/27/05** 863  
452-6190

Date Daytime Phone #