

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001420

1. Entity Name
SHERIDAN SHOPPES C LIMITED PARTNERSHIP



Principal Place of Business

**1550 MADRUGA AVENUE, SUITE 230
CORAL GABLES, FL 33146**

Mailing Address

**1550 MADRUGA AVENUE, SUITE 230
CORAL GABLES, FL 33146**



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1927087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURAI WALD BIONDO MORENO & BROCHIN, P.A.
25 S.E. 2ND AVENUE, SUITE 900
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000522530
05/03/06-80033-007 500.00

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 # **PO4000124753**
NAME **SHERIDAN C, INC.**
STREET ADDRESS **1550 MADRUGA AVENUE, STE. 230**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Philip Leitzman **PHILIP LEITZMAN** **J.P.** **4/18/06** **305 667 6461**

STAPLE CHECK HERE