

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

| | |
|---------------------------------|--|
| DOCUMENT # A04000002070 | |
| 1. Entity Name SHERMIL, LTD. | |



| | |
|---|---|
| Principal Place of Business 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707 | Mailing Address 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| SHER, CRAIG H 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707 <div style="text-align: right; font-size: 2em; margin-top: 10px;">BKR</div> | |

| | |
|--|----------|
| 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.

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

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-------------------------|--------------------------|--|
| DOCUMENT # | | STREET ADDRESS | |
| NAME | SHER, CRAIG H | CITY - ST - ZIP | |
| STREET ADDRESS | 5858 CENTRAL AVENUE | | |
| CITY - ST - ZIP | ST PETERSBURG, FL 33707 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | SHER, JAN M | CITY - ST - ZIP | |
| STREET ADDRESS | 5858 CENTRAL AVENUE | | |
| CITY - ST - ZIP | ST PETERSBURG, FL 33707 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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 04/30/08--01050--018 **508.75

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: _____ G.P. _____ 4-24-08 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRAIG SHER

STAPLE CHECK HERE

FILED
 08 APR 30 AM 8: 36
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA



02282008 Chg-LP CR2E003 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-2078084 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required