


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 9:40

DOCUMENT # A05000000028 1. Entity Name SHOULTS FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 925 BAMBI DRIVE DESTIN, FL 32541			Mailing Address 925 BAMBI DRIVE DESTIN, FL 32541		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 20-2280271	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HART, ROBERT D JR 125 W ROMANA STREET, SUITE 800 PENSACOLA, FL 32502				Name <u>RAY SHOULTS</u> Street Address (P.O. Box Number is Not Acceptable) <u>925 BAMBI DRIVE</u> City <u>DESTIN</u> FL Zip Code <u>32541</u>	
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 <u><i>Ray Shoults</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-13-05</u>	
9. Capital Contributions as Shown on record. \$49,000.00			10. Amount of Capital Contributions in FLORIDA to date. 49,000.00		
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 #	L05000000412		STREET ADDRESS		
NAME	SHOULTS, LLC		CITY-ST-ZIP		
STREET ADDRESS	925 BAMBI DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
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: <u><i>Ray Shoults</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>3-13-05</u> Daytime Phone # <u>850-837-0392</u>		

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