

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000000028

1. Entity Name
SHOULTS FAMILY PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN -8 AM 8:08

Principal Place of Business
925 BAMBI DRIVE
DESTIN, FL 32541

Mailing Address
925 BAMBI DRIVE
DESTIN, FL 32541

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

20-2280271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOULTS, RAY R
925 BAMBI DR
DESTIN, FL 32541

Name **SHOULTS, RAY**

Street Address (P.O. Box Number is Not Acceptable)

925 BAMBI DRIVE

6

City **DESTIN**

FL

Zip Code

32541

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

Ray Shoults
 Signature, typed or printed name of registered agent and title if applicable.

1/4/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

900084143459
01/12/07--01009--010 **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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L05000000412**
 NAME **SHOULTS, LLC**
 STREET ADDRESS **925 BAMBI DRIVE**
 CITY-ST-ZIP **DESTIN, FL 32541**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

1/4/07

Date

Daytime Phone #

STAPLE CHECK HERE