

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED

08 JAN 15 PM 2:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A05000000028</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01102008 Chg-LP CR2E003 (12/06)

4. FEI Number  
20-2280271

Applied For  
Not Applicable

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 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 DATE 1/10/08

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 #	L05000000412	STREET ADDRESS	
NAME	SHOULTS, LLC	CITY-ST-ZIP	300115053723 01/14/08--01052--016 **500.00
STREET ADDRESS	925 BAMBI DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Ray Shoults DATE 1/10/08 850-837-1389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER