

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000000028

1. Entity Name
SHOULTS FAMILY PARTNERSHIP, LTD.



FILED
 08 JAN 15 PM 2:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

1/10/08
 DATE

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

STREET ADDRESS

CITY-ST-ZIP

300115053723
01/14/08--01052--016 **500.00

DOCUMENT #
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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

1/10/08
 DATE
 850 -
 837-1389
 Daytime Phone #

STAPLE CHECK HERE