


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A0500000789 ✓	
1. Entity Name INTERSTATE 85, LTD. ✓	

Principal Place of Business 600 E. COLONIAL DR, STE 100 ORLANDO FL 32803 ✓	Mailing Address 600 E. COLONIAL DR, STE 100 ORLANDO FL 32803 ✓
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number 20-2794615 ✓	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHRIMSHER, J. STEVEN 600 E. COLONIAL DR, STE 100 ORLANDO FL 32803 ✓	
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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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000058908 SCHRIMSHER & COMPANY, INC. ✓ 600 E. COLONIAL DR, STE 100 ORLANDO FL 32803
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100000652841
CITY-ST-ZIP	03/12/07-80034-015 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  Partner **2-26-07** 407-423-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #