


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000002116 1. Entity Name SNUG HARBOUR DEVELOPMENT SHELL POINT, LTD.	
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Principal Place of Business 1439 SHELL POINT ROAD CRAWFORDVILLE FL 32327	Mailing Address 1439 SHELL POINT ROAD CRAWFORDVILLE FL 32327
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAUPIN, WILLIAM T 224 HARBOUR POINTE DRIVE CRAWFORDVILLE FL 32327
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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

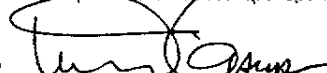
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000023438	STREET ADDRESS	
NAME	CENTURY 21 FLORIDA COASTAL PROPERTIES, INC	CITY - ST - ZIP	
STREET ADDRESS	1439 SHELL POINT ROAD		
CITY - ST - ZIP	CRAWFORDVILLE FL 32327		
DOCUMENT #		STREET ADDRESS	1100000538442
NAME		CITY - ST - ZIP	05/09/06-80059-001 500.00
STREET ADDRESS			
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NAME		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:  **William T. Gaupin** **4-26-06** **850-936-7811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #