


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 8:54

DOCUMENT # A05345					
1. Entity Name SUNSHINE SHOPPING PARK, LIMITED					
Principal Place of Business 2389 ST. ANDREWS BLVD. PANAMA CITY, FL 32405			Mailing Address 509 SO. BONITA AVE. PANAMA CITY, FL 32401		
2. Principal Place of Business 2217 ST. ANDREWS BLVD.		3. Mailing Address PO Box 16027			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PANAMA CITY, FL		City & State PANAMA CITY, FL		4. FEI Number 59-1643201	
Zip 32405		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, H K 2389 ST. ANDREWS BLVD. PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name: HANEY, TED I. Street Address (P.O. Box Number is Not Acceptable): 2217 ST. ANDREWS BLVD. City: PANAMA CITY FL Zip Code: 32405		
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: <i>Ted I. Haney</i> DATE: 3/15/2005					
9. Capital Contributions as Shown on record. \$60,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
	HALL, HOWARD K		CITY-ST-ZIP		
	509 S. BONITA AVE				
	PANAMA CITY, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	HANEY, TED I.		CITY-ST-ZIP		
	2217 ST. ANDREWS BLVD.				
	PANAMA CITY, FL 32405				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
			300049586143		
			03/31/05--01052--005 **508.75		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ted I. Haney</i> (TED I. HANEY)			3/15/2005 850 763-1783		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE