


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000000801		
1. Entity Name JAMES W. SHAW FAMILY LTD.		

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 7:25

Principal Place of Business 13505 N.W. 88TH PLACE ALACHUA, FL 32615	Mailing Address 13505 N.W. 88TH PLACE ALACHUA, FL 32615
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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



02062008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	20-5128807	Applied For Not Applicable
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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		7. Name and Address of New Registered Agent	
SHAW, JAMES W 13505 N.W. 88TH PLACE ALACHUA, FL 32615		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 \$500.00
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 # NAME STREET ADDRESS CITY - ST - ZIP	P94000074450 ALACHUA MANAGEMENT & CONSULTING, INC. 13505 N.W. 88TH PLACE ALACHUA, FL 32615	STREET ADDRESS CITY - ST - ZIP	
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800120120378
 03/12/08--01037--007 **\$500.00

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:

[Signature], Pres. Alachua Management & Consulting Inc. 3/8/08
 352-665-8770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #