


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000000273		
1. Entity Name SHEA LIMITED, LLLP		

FILED

08 JAN 29 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6325 N.W. 33RD AVENUE BOCA RATON, FL 33496	Mailing Address 6325 N.W. 33RD AVENUE BOCA RATON, FL 33496
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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

01172008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-8386001	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	
SHEA MANAGEMENT GROUP, LLC 6325 N.W. 33RD AVENUE BOCA RATON, FL 33496	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

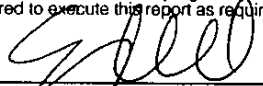
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	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 #	SHEA MANAGEMENT GROUP, LLC 6325 N.W. 33RD AVENUE BOCA RATON, FL 33496	STREET ADDRESS	<div style="border: 1px solid black; padding: 5px; text-align: center;"> 60011529516E 01/23/08--01032--010 **500.00 </div>
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		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:  Elissa Zweibel	Date: 1/17/08 5619881171
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>