

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 DEC 28 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A19282

SHAW DEVELOPMENT LIMITED

Mailing Address		Principal Office Address	
3061 NW 17TH TERRACE FT LAUDERDALE FL 33311		3061 NW 17TH TERRACE FT LAUDERDALE FL 33311	
<b>2.</b> Mailing Address		<b>2a.</b> Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>3. Date Formed or Registered</b> <p>03/05/1985</p>	<b>5a. Capital Contributions as Shown on record.</b> <p>\$300,000.00</p>
<b>3a. Date of Last Report</b> <p>12/29/1997</p>	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>4. State or Country of Formation</b> <p>FL</p>	
<b>6. FEI Number</b> <p>59-0996205</p>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<p><b>9. Name and Address of Current Registered Agent</b></p> <p>MORGAN, WALTER L ESQ.          315 NE 3RD AVENUE          FORT LAUDERDALE FL 33301</p>	<p><b>10. If changed, new Registered Agent/Office</b></p> <p>Name _____</p> <p>Street Address (P.O. Box Number Is Not Acceptable) _____</p> <p>Suite, Apt. #, etc. _____</p> <p>City _____ State <b>FL</b> Zip Code _____</p>
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

**SIGNATURE (Registered Agent Accepting Appointment).**

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11.	Name(s) of General Partner(s)	11a.	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
	SHAW, JAMES L		3061 NW 17TH TERRACE		FT LAUDERDALE FL 3331		<div style="text-align: right;">452.50-4</div> <div style="text-align: center;"> 900002751048--5  -01/22/99-01014-014  ***541.25 ***541.25 </div>

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE \_\_\_\_\_

12-9-98

Typed or Printed Name of General Partner Signing Form

JAMES L. SHAW

Daytime Telephone Number \_\_\_\_\_

954-731-6330

CR2E003 (8/98)