

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A19994 ✓ 1. Entity Name SCHRIMSHER EXPLORATION, LTD. ✓	
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Principal Place of Business 600 E. COLONIAL DRIVE, SUITE 100 ✓ ORLANDO FL 32806	Mailing Address 600 E. COLONIAL DRIVE, SUITE 100 ✓ ORLANDO FL 32806
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 59-2215780 ✓	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHRIMSHER, J. STEVEN ✓ 600 E. COLONIAL DRIVE ✓ SUITE 100 ORLANDO FL 32803	
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, 2007, 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 #	P98000005938	STREET ADDRESS	
NAME	SCHRIMSHER, INC. ✓	CITY-STATE-ZIP	
STREET ADDRESS	600 E. COLONIAL DRIVE, SUITE 100		
CITY-STATE-ZIP	ORLANDO FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-10-07

Date

407-423-7600

Daytime Phone #

STAPLE CHECK HERE