

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAY 10 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A25114</b> 1. Entity Name SHARON GARDENS LIMITED PARTNERSHIP							
Principal Place of Business 1929 ALLEN PARKWAY HOUSTON, TX 77019			Mailing Address P.O. BOX 130548 HOUSTON, TX 77219-0548				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 58-1750828			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>				
DOCUMENT #	207982		STREET ADDRESS				
NAME	SCI FUNERAL SERVICES OF FLORIDA, INC.		CITY - ST - ZIP				
STREET ADDRESS	1929 ALLEN PARKWAY		<div style="font-size: 1.2em;">800103099638</div> <div style="font-size: 0.8em;">05/23/07 01020 023 **500.00</div>				
CITY - ST - ZIP	HOUSTON, TX 77019						
DOCUMENT #						STREET ADDRESS	
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STAPLE CHECK HERE

SIGNATURE: \_\_\_\_\_

**TREASURER**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER