

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JAN 29 PM 4:17

**DOCUMENT # A95000001591**

1. Entity Name  
 SHINEFIELD FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 1111 CRANDON BLVD., APT. B301  
 KEY BISCAVNE, FL 33149

Mailing Address  
 SIMON TAPPER & EDELMAN CPAS  
 2 UNIVERSITY PLAZA, SUITE #502  
 HACKENSACK, NJ 07601



2. Principal Place of Business

3. Mailing Address

c/o SIMON TAPPER, EDELMAN & WELNER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
 65-0621637

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SHINEFIELD, JEANNE  
 1111 CRANDON BLVD., APT. B301  
 KEY BISCAVNE, FL 33149

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$170,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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**

DOCUMENT #  
 NAME SHINEFIELD, JEANNE  
 STREET ADDRESS 1111 CRANDON BLVD., APT. B301  
 CITY-ST-ZIP KEY BISCAVNE, FL 33149

DOCUMENT # G95296900018  
 NAME SHINEFIELD FAMILY TRUST  
 STREET ADDRESS c/o ALFRED SIMON 2 UNIVERSITY PLAZA  
 CITY-ST-ZIP HACKENSACK, NJ 07601

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300027902093  
 01/29/04 01074 023 \*\*526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

C. Michael Spero

1/9/04

Date

301-342 4307

Daytime Phone #

STAPLE CHECK HERE