


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

|   |  |         |  |   |  |
|---|--|---------|--|---|--|
| DOCUMENT # A95000001591   |  |         |  |  |  |
| 1. Entity Name<br>SHINEFIELD FAMILY LIMITED PARTNERSHIP   |  |         |  |   |  |
| Principal Place of Business<br>1111 CRANDON BLVD., APT. B301<br>KEY BISCAYNE, FL 33149  |  |         | Mailing Address<br>C/O SIMON TAPPER EDELMAN & WILNER<br>2 UNIVERSITY PLAZA, SUITE #502<br>HACKENSACK, NJ 07601 |   |  |
| 2. Principal Place of Business  |  |         | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |  |         | Suite, Apt. #, etc.  |   |  |
| City & State  |  |         | City & State   |   |  |
| Zip   |  | Country |  | Zip   |  |
|   |  |         |  | Country   |  |
| 6. Name and Address of Current Registered Agent   |  |         |  | 7. Name and Address of New Registered Agent                                       |  |
| SHINEFIELD, JEANNE<br>1111 CRANDON BLVD., APT. B301<br>KEY BISCAYNE, 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |         |  |   |  |
| 9. Capital Contributions as Shown on record. \$170,000.00   |  |         | 10. Amount of Capital Contributions in FLORIDA to date.  |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |  |         |  |   |  |
| 12. GENERAL PARTNER INFORMATION   |  |         | 13. ADDRESS CHANGES ONLY   |   |  |
| DOCUMENT #  | SHINEFIELD FAMILY TRUST U/T/A DATED 9/30/9 |         | STREET ADDRESS   |   |  |
| NAME  | 2 UNIVERSITY PLAZA, SUITE 502              |         | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  | HACKENSACK, NJ 07601                       |         |  |   |  |
| CITY-ST-ZIP   |  |         |  |   |  |
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| DOCUMENT #  |  |         | STREET ADDRESS   |   |  |
| NAME  |  |         | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |  |         |  |   |  |
| CITY-ST-ZIP   |  |         |  |   |  |
| 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: <i>[Signature]</i>   |  |         | Date: 5/30/05  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |  |         | <small>Daytime Phone #</small>   |   |  |



03262005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0621637 Applied For Not Applicable

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

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 FAMILY TRUST U/T/A DATED 9/30/9  
STREET ADDRESS 2 UNIVERSITY PLAZA, SUITE 502  
CITY-ST-ZIP HACKENSACK, NJ 07601

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
000000294902  
04/09/05-80004-021 525.25

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE