

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

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A95000001591**

1. Entity Name  
**SHINEFIELD FAMILY LIMITED PARTNERSHIP**



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

Mailing Address  
**C/O SIMON TAPPER EDELMAN & WILNER  
2 UNIVERSITY PLAZA, SUITE #502  
HACKENSACK, NJ 07601**



04022007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0621637**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

**DO NOT WRITE  
IN THIS SPACE**

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

*Shinefield Trust, Inc.*  
*Shinefield Trust*

*4/6/07*  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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**DO NOT WRITE  
IN THIS SPACE**

U00000718398  
05/01/07-80021-011 500.00

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:

*Shinefield Trust, Inc.*  
*Shinefield Trust*

Date *4/6/07* Daytime Phone #

STAPLE CHECK HERE