

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000001651

1. Entity Name
AUCILLA SHORES, LTD.



FILED

04 FEB 10 AM 11:15

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJM



Principal Place of Business
**412 NE 16TH AVENUE
 GAINESVILLE, FL 32601**

Mailing Address
**P.O. BOX 1776
 GAINESVILLE, FL 32602**

2. Principal Place of Business
4127 NW 27th Ln.

3. Mailing Address
PO Box 357845

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Gainesville FL

City & State
Gainesville FL

Zip
32606

Country
USA

Zip
32635

Country
USA

01092004 Chg-LP CR2E003 (10/03) 2/10

4. FEI Number
59-2387933

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, DENNIS G
 412 NE 16TH AVENUE
 GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name
Dennis G. Lee

Street Address (P.O. Box Number is Not Acceptable)
4127 NW 27th Ln, Suite A

City
Gainesville

State
FL

Zip Code
32606

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 **Dennis G. Lee** **1/29/04**
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$500,000.00**

\$526.25

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 #	G56910	STREET ADDRESS	4127 NW 27th Ln, Suite A
NAME	FLORIDA WOODLAND, INC.	CITY-ST-ZIP	Gainesville FL 32606
STREET ADDRESS	412 NE 16 AVE		
CITY-ST-ZIP	GAINESVILLE, FL 32601		
DOCUMENT #		STREET ADDRESS	
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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: **Dennis G. Lee** **1/29/04** **352-334-1976**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE