

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # A95000001965

1. Entity Name
SHINGLE CREEK LIMITED PARTNERSHIP



Principal Place of Business
P.O. BOX 568367
ORLANDO, FL 32856

Mailing Address
P.O. BOX 568367
ORLANDO, FL 32856



01292007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3345850

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARUSO, PHYLIS P
102 W. PINELOCH AVE, SUITE 10
ORLANDO, FL 32806

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 _____

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

DATE _____

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

U00000696523
04/18/07-80002-006 500.00

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

CARUSO, PHYLIS P
2628 LAKE FOREST DR.
DELAND, FL 32720

DOCUMENT #

NAME
STREET ADDRESS
CITY - ST - ZIP

CARUSO, PHILIP P JR
102 W. PINELOCH AVE., STE 10
ORLANDO, FL 32806

DOCUMENT #

NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #

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IN THIS SPACE

STAPLE CHECK HERE

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:

Phylis P. Caruso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Phylis P. CARUSO **3/29/07** **407-859-3550**
Date Daytime Phone #