

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A96000000083**

1. Entity Name:

SHILOH FAMILY, LTD.



Principal Place of Business: 5775 WEST HALLANDALE BEACH BLVD.  
HOLLYWOOD FL 33023

Mailing Address: 5775 WEST HALLANDALE BEACH BLVD.  
HOLLYWOOD FL 33023



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: 65-0625504

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHN, ALAN B  
100 W CYORESS CREEK RD  
STE 700  
FT LAUDERDALE FL 33309

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 date if applicable

DATE

U00000901714  
04/29/08-80080-006 500.00

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #  
NAME: STANTON, RICHARD  
STREET ADDRESS: 5775 WEST HALLANDALE BEACH BLVD.  
CITY-ST-ZIP: HOLLYWOOD FL 33023

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME: STANTON, LINDA  
STREET ADDRESS: 5775 WEST HALLANDALE BEACH BLVD.  
CITY-ST-ZIP: HOLLYWOOD FL 33023

STREET ADDRESS  
CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: *Richard Stanton* RICHARD STANTON

4/11/08

954-966-8430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Phone Number

STAPLE CHECK HERE