

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000000381

1. Entity Name
SHELDEN AND MYRNA TAXER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**7722 SLOANE GARDENS
UNIVERSITY PARK, FL 34201**

Mailing Address
**7722 SLOANE GARDENS
UNIVERSITY PARK, FL 34201**



04032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0766871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TAXER, SHELDEN
7722 SLOANE GARDENS
UNIVERSITY PARK, FL 34201**

**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 **N/A**

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

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
**TAXER, SHELDEN
7722 SLOANE GARDENS
UNIVERSITY PARK, FL 34201**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**TAXER, MYRNA
7722 SLOANE GARDENS
UNIVERSITY PARK, FL 34201**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

000000710962
04/25/07-80064-008 500.00

**DO NOT WRITE
IN THIS SPACE**

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 **X** *Shun JA*

DATE **X** **4/12/07**