


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR -7 AM 8:14

DOCUMENT # A97000001807 1. Entity Name SHULER LIMITED PARTNERSHIP					
Principal Place of Business 34 FOURTH STREET APALACHICOLA, FL 32320			Mailing Address P.O. BOX 850 APALACHICOLA, FL 32329		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3463316	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHULER, J. GORDON 34 FOURTH STREET APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,531,064.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		STREET ADDRESS		
NAME	SHULER, J. GORDON		CITY-ST-ZIP		
STREET ADDRESS	34 FOURTH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	APALACHICOLA, FL 32320		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SHULER, THOMAS M		CITY-ST-ZIP		
STREET ADDRESS	34 FOURTH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	APALACHICOLA, FL 32320		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <i>J. Gordon Shuler</i> J. Gordon Shuler			1/28/05 (850)653-9226		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

