2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000001807

1. Entity Name

SHULER LIMITED PARTNERSHIP



FILED Feb 09, 2007 08:00 Al Secretary of State

Principal Place of Business 34 FOURTH STREET APALACHICOLA, FL 32320 Mailing Address P.O. BOX 850 APALACHICOLA, FL 32329



DO NOT WRITE IN THIS SPACE

01122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3463316

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

			1 00 / (oquilo)	
6. Name and Address of Current Registered Agent				
SHULER, J. GORDON 34 FOURTH STREET APALACHICOLA, FL 32320		DO NOT WRITE IN THIS SPACE		
the obliga	e named entity submits this statement for the purpose of changing Its re titions of registered agent.	gistered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
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		
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 DOCUMENT #	SHULER, J. GORDON 34 FOURTH STREET APALACHICOLA, FL 32320		U00000630383 02/20/07-80003-015 500.00	
NAME STREET ADDRESS CITY-ST-ZIP	SHULER, THOMAS M 34 FOURTH STREET APALACHICOLA, FL 32320		02,23,01 00000 010 000.00	
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT #				

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:

NAME STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER