

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 08, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3463316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHULER, J. GORDON
34 FOURTH STREET
APALACHICOLA, FL 32320

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.

000000820606
02/18/08-80036-009 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
SHULER, J. GORDON
34 FOURTH STREET
APALACHICOLA, FL 32320

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SHULER, THOMAS M
34 FOURTH STREET
APALACHICOLA, FL 32320

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

PSO-6539226
850-653-8748

STAPLE CHECK HERE