

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000001807

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Entity Name:** SHULER LIMITED PARTNERSHIP

**Current Principal Place of Business:**

34 FOURTH STREET  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 850  
APALACHICOLA, FL 32329

**New Mailing Address:**

**FEI Number:** 59-3463316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SHULER, J. GORDON  
Address: 34 FOURTH STREET  
City-St-Zip: APALACHICOLA, FL 32320

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SHULER, THOMAS M  
Address: 34 FOURTH STREET  
City-St-Zip: APALACHICOLA, FL 32320

Address: 40 FOURTH STREET  
City-St-Zip: APALACHICOLA, FL 32320

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: J. GORDON SHULER

GP

02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date