

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000002415

1. Entity Name
SHELDON ROAD LIMITED PARTNERSHIP



Principal Place of Business
**6000 COMPTON ESTATES WAY
TAMPA, FL 33647**

Mailing Address
**6000 COMPTON ESTATES WAY
TAMPA, FL 33647**



01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3481948

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

**INGLIS, JOHN S
SHUMAKER, LOOP & KENDRICK, LLP
101 E. KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602**

**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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00

000000590827

01/18/07-80071-011 500.00

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 # **P97000095265**
NAME **SHELDON ROAD CORPORATION**
STREET ADDRESS **6000 COMPTON ESTATES WAY**
CITY-ST-ZIP **TAMPA, FL 33647**

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

STAPLE CHECK HERE

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 #

Warren Kinster

1-16-07

(813) 910-7914