

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002847

**Entity Name:** SHADDIX COMMUNITIES, LTD.

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4000 SOUTH CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 SOUTH CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number:** 59-1524120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOX, SHARLENE S  
4000 S. CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129 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: SHADDIX COMMUNITIES GENERAL TWO, LLC  
Address: 4000 SOUTH CLYDE MORRIS BLVD  
City-St-Zip: PORT ORANGE, FL 32129 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: FOX, SHARLENE S  
Address: 4000 SOUTH CLYDE MORRIS BLVD  
City-St-Zip: PORT ORANGE, FL 32129

Address:  
City-St-Zip:

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:** SHARLENE S. FOX

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

03/09/2010

\_\_\_\_\_  
Date