

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001416

1. Entity Name
SHR OF SARASOTA LIMITED PARTNERSHIP



Principal Place of Business

**2613 59TH STREET
SARASOTA, FL 34243**

Mailing Address

**P.O. BOX 49124
SARASOTA, FL 34230-6124**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01052006

Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0904582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHR GROUP, INC.
2613 59TH STREET
SARASOTA, FL 34243**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006, 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 # **P97000000693**
NAME **SHR GROUP, INC.**
STREET ADDRESS **2613 59TH STREET**
CITY-ST-ZIP **SARASOTA, FL 34243**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**U00000414742
02/11/06-80051-004 500.00**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 800, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 10 2006

Date

Daytime Phone #

STAPLE CHECK HERE