

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**05 APR 29 PM 5:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>DOCUMENT # A98000001983</b> 1. Entity Name <b>CRAIG H. AND JAN MILLER SHER FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>9055 BAYWOOD PARK DRIVE          SEMINOLE, FL 33777-4630</b>			Mailing Address <b>9055 BAYWOOD PARK DRIVE          SEMINOLE, FL 33777-4630</b>		
2. Principal Place of Business <b>5858 CENTRAL AVENUE</b>		3. Mailing Address <b>P.O. Box 41847</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04182005    Chg-LP    CR2E003 (10/03)	
City & State <b>ST. PETERSBURG, FL</b>		City & State <b>ST. PETERSBURG, FL</b>		4. FEI Number <b>59-3531480</b>	
Zip <b>33707</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHER, CRAIG H          9055 BAYWOOD PARK DRIVE          SEMINOLE, FL 33777</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<b>SHER, CRAIG H          9055 BAYWOOD PARK DRIVE          SEMINOLE, FL 33777</b>			<b>300054757583          05/19/05--01009--007    **150.00</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<b>SHER, JAN M          9055 BAYWOOD PARK DRIVE          SEMINOLE, FL 33777</b>					
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <b>CRAIG H. SHER, G.P.</b>			Date <b>4/19/05</b> 727-384-6000 <small>Daytime Phone #</small>		

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