

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000001983

1. Entity Name
CRAIG H. AND JAN MILLER SHER FAMILY
PARTNERSHIP, LTD.



Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Mailing Address
P.O. BOX 41847
ST. PETERSBURG, FL 33743-1847 **BK**

FILED
07 APR 27 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3531480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHER, CRAIG H
9055 BAYWOOD PARK DRIVE
SEMINOLE, FL 33777

**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 \$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 #	
NAME	SHER, CRAIG H
STREET ADDRESS	9055 BAYWOOD PARK DRIVE
CITY - ST - ZIP	SEMINOLE, FL 33777

DOCUMENT #	
NAME	SHER, JAN M
STREET ADDRESS	9055 BAYWOOD PARK DRIVE
CITY - ST - ZIP	SEMINOLE, FL 33777

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STREET ADDRESS	
CITY - ST - ZIP	

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DOCUMENT #	
NAME	
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 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CRAIG H. SHER

4-2407 727-384-6000

STAPLE CHECK HERE