

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
May 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000000073

1. Entity Name
SHEPHERD FAMILY HOLDINGS LIMITED PARTNERSHIP



Principal Place of Business
**7135 WOOD CREEK DRIVE
SARASOTA, FL 34231**

Mailing Address
**7135 WOOD CREEK DRIVE
SARASOTA, FL 34231**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



02192004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3553752 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, ALICE C
7135 WOOD CREEK DRIVE
SARASOTA, FL 34231**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,500,000**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000002289 SHEPHERD FAMILY HOLDINGS, INC. 7135 WOOD CREEK DRIVE SARASOTA, FL 34231	STREET ADDRESS	
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05/10/04-80022-011 526.25

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: *Alice Catherine Smith* **4/28/04 941-922-4195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Line Phone #

STAPLE CHECK HERE