2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED
Jan 14, 2008 08:00 AN
Secretary of State

	Due By May 1, 2008				Jan 14, 2008 08:00	
	DOCUM 1. Entity Name SHOLEY I,	IENT # A99000000 LTD.	344		Se	ecretary of Stat
	Principal Race of Business Mailing Address P.O. BOX 15109 P.O. BOX 15109 CLEARWATER, FL 33766-5109 CLEARWATER, FL 33766-5109			9 .		
	DO NOT WRITE IN THIS SPAC			CE	01052008 No Chg-LP 4. FEI Number 65-0900852 5. Certificate of Status Desired	CR2E003 (12/06) Applied For Not Applicable \$8.75 Additional Fee Required
F	6. Name and Address of Current Registered Agent			-		
	SCHOENBAUM, JEFFREY 2877 COBBLESTONE DR PALM HARBOR, FL 34684				DO NOT WI	}
	8. The above named entity submits his superstraint of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent and the familiar with and at the obligations of registered agent and the familiar with and at the obligations of registered agent and the familiar with a state of Florida.					rda. I am familiar with, and accept
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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				nt must be filed to change a ge	neral partner.
	NAME STREET ADDRESS	GENERAL PARTNER P99000015720 J.S. SCHOENBAUM CAPITAL M/ P.O. BOX 15109 CLEARWATER, FL 337665109			Heecos	
	NAMÉ STREET ADDRESS CITY-ST-ZIP				U00000 01/16/08∹	704361 30048-015 500.00
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STAPLE	DOCUMENT # NAME STREET ADDRESS	4				

AGRANDE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SEFFY Schoenbaun

I hereby certify that the information indicated on this report is true and or the receiver or trustee empowers.

SIGNATURE:

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ng does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership as required by Chapter 620, Florida Statutes