


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 08:00 A
Secretary of State

DOCUMENT # A99000001150		
1. Entity Name SHEFFIELD-MCRAE INVESTMENTS, LTD.		
Principal Place of Business 1431 TROUT DRIVE PANAMA CITY, FL 32411		Mailing Address P.O. BOX 28329 PANAMA CITY, FL 32411
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHEFFIELD, SUZANNE MCRAE 1431 TROUT DRIVE PANAMA CITY, FL 32411		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>		
DATE <u>05/09/06</u> <u>20071-001</u> <u>500.00</u>		
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 # NAME STREET ADDRESS CITY-ST-ZIP	SHEFFIELD, SUZANNE MCRAE 1431 TROUT DRIVE PANAMA CITY, FL 32411	
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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: <u>Suzanne M. Sheffield</u> <u>Suzanne M. Sheffield</u> <u>4/25/06</u> <u>850-233-0951</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		



04242006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3475403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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