

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B000000000009

Entity Name: SHALIMAR MARINA, L.P.

**FILED**  
**Mar 31, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

13 MEIGS DR.  
PO BOX 798  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 798  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 62-1805066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAXON JR, ROBERT P  
13 MEIGS DRIVE  
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 250,000.00

**Amount of Capital Contributions in Florida to date:** 250,000.00

**GENERAL PARTNER INFORMATION:**

Document #: F00000000366  
Name: SHALIMAR MARINA INC  
Address: 13 MEIGS DR.  
City-St-Zip: SHALIMAR, FL 32579

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT P MAXON JR

PRES

03/31/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date