


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # B01000000274 1. Entity Name SHAW FAMILY PARTNERS, L.P.	
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Principal Place of Business 600 LUNDY ROAD AUBURDALE, FL 33823	Mailing Address 600 LUNDY RD. AUBURDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



01082006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 36-4375974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW, MICHAEL J
600 LUNDY RD
AUBURDALE, FL 33823**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

000000384521
01/17/06-80017-008 500.00

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	SHAW, ROBERT J
STREET ADDRESS	630 ESTATE CT
CITY-ST-ZIP	ELKHORN, WI 53121
DOCUMENT #	
NAME	MICHAELS, JULIE M
STREET ADDRESS	W7985 RW TOWNLINE RD
CITY-ST-ZIP	WHITEWATER, WI 53190
DOCUMENT #	
NAME	SHAW, THOMAS J
STREET ADDRESS	W7991 RW TOWNLINE RD
CITY-ST-ZIP	WHITEWATER, WI 53190
DOCUMENT #	
NAME	SHAW, MICHAEL J
STREET ADDRESS	600 LUNDY RD
CITY-ST-ZIP	AUBURDALE, FL 33823
DOCUMENT #	
NAME	HAEFT, MICHELLE L
STREET ADDRESS	W7983 RW TOWNLINE RD
CITY-ST-ZIP	WHITEWATER, WI 53190
DOCUMENT #	
NAME	SHAW, MARGARET M
STREET ADDRESS	473 E GENEVA
CITY-ST-ZIP	ELKHORN, WI 53121

DO NOT WRITE IN THIS SPACE

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: Michael J. Shaw Jan 9, 2006 863-984-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE