

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B01000000274

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: SHAW FAMILY PARTNERS, L.P.

**Current Principal Place of Business:**

600 LUNDY ROAD  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

600 LUNDY RD.  
AUBURNDALE, FL 33823

**New Mailing Address:**

600 LUNDY ROAD  
AUBURNDALE, FL 33823

FEI Number: 36-4375974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAW, MICHAEL J  
600 LUNDY RD  
AUBURNDALE, FL 33823 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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SHAW, ROBERT J  
Address: 630 ESTATE CT  
City-St-Zip: ELKHORN, WI 53121

Document #:

Name: MICHAELS, JULIE M  
Address: W7985 RW TOWNLINE RD  
City-St-Zip: WHITEWATER, WI 53190

Document #:

Name: SHAW, THOMAS J  
Address: W7991 RW TOWNLINE RD  
City-St-Zip: WHITEWATER, WI 53190

Document #:

Name: SHAW, MICHAEL J  
Address: 600 LUNDY RD  
City-St-Zip: AUBURNDALE, FL 33823

Document #:

Name: HAEFT, MICHELLE L  
Address: W7983 RW TOWNLINE RD  
City-St-Zip: WHITEWATER, WI 53190

Document #:

Name: SHAW, MARGARET M  
Address: 473 E GENEVA  
City-St-Zip: ELKHORN, WI 53121

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL J SHAW

OWN

02/03/2009

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

\_\_\_\_\_  
Date