

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000074

**Entity Name:** SHELTON COVE, LLLP

**Current Principal Place of Business:**

400 IMPERIAL BLVD  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

PO BOX 9002  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 59-3370034

**Certificate of Status Desired:** No

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

MAYS, WILLIAM R  
400 IMPERIAL BLVD  
CAPE CANAVERAL, FL 32920 US

*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 Detail :**

Document #  
Name MAYS, WILLIAM RTRUSTEE  
Address 400 IMPERIAL BLVD  
City-State-Zip: CAPE CANAVERAL FL 32920

Document #  
Name MAYS, BERCHE ETRUSTEE  
Address 400 IMPERIAL BLVD  
City-State-Zip: CAPE CANAVERAL FL 32920

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM R, MAYS

**GENERAL PARTNER**

**04/22/2014**

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

\_\_\_\_\_  
Date