

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000055

**Entity Name:** SHIPMAN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3181 MATECUMBE KEY ROAD  
UNIT 3  
PUNTA GORDA, FL 33955

**Current Mailing Address:**

P O BOX 445  
BUCKNER, OH 40010 US

**FEI Number:** 65-0812319

**Certificate of Status Desired:** No

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

COHEN, SUZANNE M  
157 FIESTA WAY  
FT. LAUDERDALE, FL 33301 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 #		Document #	
Name	RINN, KATHRYN A	Name	SHIPMAN, BRADLEY J
Address	201 BRADFORD DRIVE	Address	8325 HIGHWAY 329
City-State-Zip:	MILFORD OH 45150	City-State-Zip:	CRESTWOOD KY 40014

Document #

Name COHEN, SUZANNE M

Address 157 FIESTA WAY

City-State-Zip: FT. LAUDERDALE FL 33301

*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:** KATHRYN A RINN

**GENERAL PARTNER**

**01/06/2024**

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

\_\_\_\_\_  
Date