

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A0000001526  
 1. Entity Name  
 SCHWARTZ INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business      Mailing Address  
 3960 OAKS CLUB HOUSE DRIVE, APT. 307      3960 OAKS CLUB HOUSE DRIVE, APT. 307  
 POMPANO BEACH, FL 33069      POMPANO BEACH, FL 33069



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt # etc.

City & State      City & State

Zip      Country      Zip      Country

03212004    Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 65-1047086      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHWARTZ, JOSEPH  
 3960 OAKS CLUB HOUSE DRIVE, APT. 307  
 POMPANO BEACH, FL 33069

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P O Box Number is Not Acceptable)  
 City      FL      Zip Code

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 date if applicable

9. Capital Contributions as Shown on record      \$1,000,000.00      10. Amount of Capital Contributions in FLORIDA to date.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000094531	STREET ADDRESS	
NAME	SCHWARTZ INVESTMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	3960 OAKS CLUB HOUSE DRIVE, APT. 307	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH, FL 33069	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	U000000158240
NAME		CITY - ST - ZIP	05/07/04-30014-006 526.25
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify 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 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: Linda Rosebaum      4-14-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE