

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A00000001526**



**FILED**

03 MAR 13 PH 4: 34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

1. Entity Name  
**SCHWARTZ INVESTMENTS LIMITED PARTNERSHIP**

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

Mailing Address  
**3960 OAKS CLUB HOUSE DRIVE, APT. 307  
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

**DUE BY MAY 1, 2003**

*3/13*



4. FEI Number **65-1047086**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

DATE

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>P0000094531</b>
NAME	<b>SCHWARTZ INVESTMENTS, INC.</b>
STREET ADDRESS	<b>3960 OAKS CLUB HOUSE DRIVE, APT. 307</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400014061784</b>
CITY-ST-ZIP	<b>03/13/03--01044--004 **526.25</b>
STREET ADDRESS	
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STREET ADDRESS	
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: *Joseph Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*03/11/03*  
DATE

Daytime Phone #

CR2E003 (10/02)